John T. Smith

Aug^{t}. 23. /62

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THE
Thos. T. Ma[illegible]
NEW YORK LANCET.

August 22
1842.

EDITED BY

JAMES ALEXANDER HOUSTON, M. D.

VÉRITÉ SANS PEUR.

VOL. I.

JANUARY—JUNE, 1842.

NEW YORK:

PUBLISHED BY J. G. BENNETT AND J. A. HOUSTON, AT THE LANCET OFFICE,
CORNER OF NASSAU AND FULTON STREETS.

PRINTED AT THE HERALD BUILDINGS.

MDCCCXLII.

TO

THE REVEREND CLARKE HOUSTON,

OF BALLYMENA, IRELAND,

THIS WORK

IS AFFECTIONATELY INSCRIBED,

BY HIS SON,

THE EDITOR.

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THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, JANUARY 1, 1842. No. 1.

REVIEW DEPARTMENT.

Professor Mott's Lectures on Surgery--No. I.

The chair of surgery in the University Medical School is at present occupied by Dr. Mott—a name which has for a lengthened period been familiarly and favorably known to the profession in the old and new world. Occupying for a long series of years, a conspicuous place among the most eminent surgeons of his time, and enjoying all the advantages of that position, combined with others not often attainable, the professor has long since acquired a reputation as extensive as it is brilliant and deserved.

In his style and manner as a lecturer, as well as in some other particulars, Dr. Mott reminds us forcibly of Sir Astley Cooper;—there is in him the same playful good humor—the same graphic powers of description—the same dislike of fine-spun theories and useless disquisitions—the same undivided pursuit of practical utility—and the same honest and unaffected professional enthusiasm, that shed such lustre on the long and eminently useful life of the great English surgeon.

We have attended Dr. Mott's present course of lectures since their commencement, and having taken the most copious notes, we design to pass them under rapid review, and commence, in our present number, a series of papers, which will embrace the whole course. Our sketches will be necessarily brief, but they will present, we trust, a very valuable amount of practical information, comprising, as they will, the accumulated results of the widely-extended observation, and enlarged experience, of one of the most eminent surgeons of the day.

Lecture I.

The first lecture of the course was chiefly devoted to a forceful exposé of the great importance of the study of "surgical anatomy." The students were very properly reminded, that in proportion to the diligence and zeal with which they pursued this department of science, would be their future success. The professor then described the plan which he intended to pursue in the arrangement of his lectures; which was, to take up separately the different regions, demonstrating first their surgical anatomy, next their pathology with reference to surgical diseases, and then explaining the various modes of treatment; in some respects, a very good method, and first adopted by Paulus, of Ægina. The surgical anatomy of the SCALP, was, in pursuance of this plan, described; and then the professor proceeded to speak of its pathology, commencing with the affection denominated

PORRIGO.

Without entering into a detailed description of any of the forms of this eruption, the professor referred the students to Willan's account of it, and also that contained in the valuable work of Baron Alibert, and went on at once to speak of the *treatment*. A very excellent application was the citrine ointment, the unguent: nitratis hydrarg: of the dispensatories;—it might be applied diluted or undiluted, according to circumstances, accompanying its employment with the internal exhibition of alterative doses of calomel and rhubarb, or the hydrargyrus cum creta. The best local application, however, was the following:—

℞ Ol: Nicotianæ Tabaci, gtt. x.
Hydrargyri precipitati alb: ʒi.
Adipis suillæ, ʒi.
Tere diligenter in mortario et fiat unguentum

The oil of tobacco very frequently acted most beneficially in removing the diseased action, and instituting a new and healthy one.* The use of the tar cap—blistering—and the application of the nitrate of silver, were also represented as occasionally remedial, acting in the same way as the ointment first described. When local applications failed, the internal use of the "corrosive muriate of mercury," administered in the syrup of sarsaparilla, was strongly recommended. The necessity of directing the pharmaceutist to dissolve the muriate in alcohol, previously to mixing it with the syrup, was properly adverted to. Fowler's solution of arsenic, cautiously exhibited, was also recommended. The professor stated that, when in Egypt, he visited the great hospital at Cairo, under the superintendence of French and German physicians, and there observed, that in porrigo, an ointment composed of powdered charcoal was used with great and manifest advantage. This application was very efficacious in preventing the exceedingly disagreeable odor which attends the disease.

Lecture II.

The first subject adverted to in this lecture, was

VASCULAR SARCOMA,

which was described as a tumor of very vascular character; not so vascular, however, as the *fungus sanguineus* tumor, or the disease in its incipient stage which eventuates in *fungus hœmatodes*, but more dense and firm. There is an obscure sense of fluctuation in the tumor, as there is in all malignant formations in their nascent stages, wherever situated, and which often puzzles even experienced practitioners. The vascularity of such tumors is found to be immense when they are cut into. In extirpating such tumors, the Professor gave a very impressive caution to young practitioners, respecting the direction in which the incision should be made. "In extirpating every kind of tumor on the scalp," said he, "with the exception of the one I will presently speak of, let me advise you to recollect the simple lesson I am about to give you—never cut down directly through the scalp, but make your incision very obliquely. Lay your knife as it were flatwise, for the reason that will strike you at once—if you do not take this precaution, the vessels running in the superficial fascia superimposed on the aponeurotic expansion below, will be cut 'square off,' if you please; the vessels will retract, and you will have the dense scalp longer than the superficial fascia and the vessels. But if you cut the scalp obliquely, look at the advantage you have—you leave the superficial fascia longer than the scalp, and you readily get hold of the vessels and tie them without difficulty. I recollect the case of a young surgeon who exsected a tumor of another description in the scalp of a child. He made the incision perpendicular—the vessels retracted, and before he could secure them, the child died in his hands. The vascular sarcoma, then, is to be extirpated in that way, and the reproductive powers of the scalp are so great that the wound heals with wonderful rapidity. Next of

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* Dr. A. T. Thomson states that the external use of tobacco is apt to produce sickness.—Ed.

STEOTOMA

of the scalp, which term may be properly applied to all those encysted tumors, denominated by the common people 'wens,' which appear on the scalp, eyelids, or any part of the face. The contents of the cyst are of various degrees of consistence, and are distinguished accordingly as *meliceris*, *caseous*, &c. The proper plan of removing tumors of this description, is to cut through the centre of the tumor, and then, with a pair of forceps, 'twitch' out the cyst, which you can do as readily as you separate the lamellæ of an onion. In the eyelids, however, it is necessary to dissect round the sac.

OPENING THE TEMPORAL ARTERY.

If you resolve on opening the artery immediately below the *jugum temporis*, where, as you know, it is very readily found, make an incision about half an inch long directly down upon the artery, laying it bare completely; then take a lancet and open the vessel obliquely, as you open a vein—never open the artery transversely. After thus opening the artery, take hold of it above with the forceps, raise it up a little, and the flow of blood will be very free. If you would not proceed in this way, you might not succeed in opening the artery; and if you did, the extravasation, from the rapidity of the circulation, might be so great as to prevent the discharge. Never leave the patient till you have secured the artery by a double ligature. If the vessel is to be opened any where above the jugum, a previous incision is unnecessary. If you do not get at it at first with your lancet, why try again. (A laugh.) But recollect, in this case, also, do not leave your patient till after you have secured the vessel, or divided it transversely.

ANEURISM FROM ANASTAMOSIS.

This is a form of aneurism very frequently occurring in the scalp. I have operated for it here scores of times. It is generally congenital, and termed by the common people a "mark," and by the older writers, a "nævus maternus." In its embryon state it presents a somewhat elevated appearance, where you may see a dozen or so of vessels larger than natural. John Bell very aptly compares this structure to the gills of a turkey-cock, or the delicate structure of the human placenta. Its most common derivation is from the arterial system. Before the structure and nature of this morbid organization were as well understood as at present, the means adopted for its removal were much less safe and successful than those now employed. (LECT. III.) Whenever the tumor is so situated as to permit its safe exsection, that is the speediest and best treatment. But remember, as John Bell emphatically says, you are not on any account to cut into these tumors, but to cut them out. When a pupil of Sir Astley Cooper, I recollect witnessing him operate for this affection in the case of a child, the tumor being situated just below the junction of the head and neck. The practice of John Bell was not at this time properly before the public. Sir Astley made a crucial incision, and dissected off the integuments, during which process the bleeding was tremendous; he continued the dissection, however, and took out a small portion of spongy mass, which was the whole of the tumor. The hæmorrhage was most alarming, but the edges of the wound were brought together, however, and an adhesive plaster and a bandage applied. Two days afterwards the child was dead. When the tumor is so situated that you cannot circumsect it, what do you do? Apply the *Kali purum.* Take some syrup that has no acid in it—the common molasses, mucilage or starch will do, and brush it over the tumor with a hair pencil—if the tumor be large you may apply the syrup over only as much of the tumor as you wish to attack; then sprinkle this over with the powder. The action of the Kali purum is thus limited to the spot you wish to operate upon. This application is perfectly safe and often very effectual. You know, or ought to know, that according to one of the great principles established by John Hunter, all "supposititious" or newly formed parts, are more quickly absorbed than the original fabrics of the body, and this principle is illustrated in the treatment I have just described. Vaccination has been also recommended, but it does not meet my approbation. Another excellent plan is to destroy the tumor by passing red-hot needles repeatedly through it. This operation is apparently frightful, but is not by any means so in reality, and though it may require to be repeated more than once, it will rarely, indeed, fail of success. Sometimes, however, these tumors are so situated that none of these methods of treatment can be adopted. You must then resort to tying the principal arterial trunks which supply the vessels going into them. Mr. Travers, of London, was the first to tie the carotid artery for an aneurism of this sort, which involved one of the orbits. After him came Dr. Muzzie, formerly of Hanover, now of Louisville, on the Ohio; he tied the carotid artery on one side for an enormous tumor of this description on the scalp, and by that means diminished it considerably; six months afterwards, he tied the carotid on the other side, and with perfect success, this operation being followed by the entire disappearance of the tumor. This is the first case in which both carotids have been tied successfully, and it occurred in our country. Some years afterwards I tied the carotid for a tumor of this sort which involved the entire orbit in a child of six months old, and the operation was perfectly successful.

The next subject taken up, was

ERYSIPELAS.

This affection very properly comes under the head of unhealthy inflammation. Some think there can be no such thing as healthy inflammation. But the division of inflammation into healthy and unhealthy, made by John Hunter, is perfectly correct. But without going into that subject now, which shall fully occupy our attention hereafter, let me just observe that erysipelas is one of the important items in the pathology of the scalp.

Erysipelatous inflammation is remarkable on account of the great tendency it has to spread. In this respect it differs essentially from phlegmonous inflammation, which is always more limited in its progress. There is also a sensation of burning heat and a shining appearance of the cuticle in erysipelas. The scalp, from its peculiar organization, is very liable to be affected with this kind of inflammation. The character of the adipose tissue here is peculiar. As the inflammation proceeds here, there will generally be an effusion into the surrounding tissue. Hence frequently we have œdema. I never saw severe erysipelas of the scalp which did not "pit," as it is called by the common people.

Erysipelas, then, is very prone to attack the scalp; and let me here give you a caution with regard to operations on the scalp. After the performance of the simplest operation here—such for instance as the removal of a steotoma—you can never promise the patient that it will not be followed with erysipelatous inflammation. But there is also a peculiar tendency here to this sort of inflammation when no traumatic cause whatever exists. It may be induced by wounds—by any thing that is acrid and irritating. A punctured wound of the scalp is, of all others, the most likely to be followed by this inflammation. It is not, however, likely to be followed here with such dreadful consequences in the way of infiltration, or sphacelation, such as we sometimes witness on other parts of the body, where the cellular tissue is very abundant—such as the organs of generation. It is rare indeed to see erysipelatous inflammation of the scalp terminate in suppuration, and I never saw an instance of sphacelation in this situation. This opinion is also in accordance with the experience of others, who have had immense opportunities of observation. Dupuytren, I think, mentions that he has only seen one instance of sphacelation of the scalp. In treating hydrocele by injection, it has happened to me, I believe, three times to inject the fluid into the cellular membrane—these things, by the bye, are generally laid to the charge of the assistants—but in all these cases the scrotum sloughed.

I remember a case of this kind occurring in the person of one of our most distinguished men at the memorable epoch of the Revolution. He had long been in the habit of using a bougie for a stricture, but happening once to be in the country where the bougie was not at hand, he went into the woods and made himself one of a piece of wood. The parts, you know, lose much of their sensibility from long use of the bougie. Well, he lacerated the mucous membrane of the urethra, and urinal infiltration took place. The most frightful consequences were the result. The penis and scrotum became enormously enlarged—as thick as your arm and as black as your coat-sleeve—it was his "old friend" he said, "with a new face!"—(a laugh)—but alas! he perished.

As to the idiopathic causes of erysipelas, they are very worthy of attention. Why is it that hospitals present so many instances of this? Because the inmates of hospitals may be generally said to be predisposed to this kind of inflammation. All who have abused their stomach, or abdominal viscera, will assuredly be brought to account for it some day or other. There is as much and pressing necessity for temperate *eating* societies, as for temperate *drinking* societies. Indeed, I am not sure that more disease and suffering results from intemperance in eating than from intemperance in drinking. From whatever cause the digestive organs be deranged, the skin will exhibit disease in some form or other. Constitutional causes then may often be brought in to account for the frequency of the inflammation. In hospital practice it sometimes indeed appears to be *epidemic*. I have seen it attack every thing that came into the ward. I have seen operations performed under the most favorable circumstances, followed by erysipelatous inflammation—in the winter season especially, when the poison appears to be more concentrated, from the inefficient ventilation.

If you have read any of the modern works on military surgery, you must be aware of the wonderful difficulties which attend their practice from the frequency of the occurrence of this inflammation. I need only refer you for evidence of this to the works of the gentlemen who encountered all the fatigues and perils of the Peninsular campaign under Lord Wellington. I would particularly mention Hemming's work, and that of Mr. Guthrie, of London, who has written an excellent work on "gun-shot" wounds.

The Treatment of Erysipelas is very different in different situations. If you would treat erysipelas in London or Paris in the way that you would here, you would uniformly destroy your patient. The English practitioners seldom resort to depletion. On the contrary, the old elexo-pharmic practice is adopted. It is rare indeed for them to use even local bleeding. In this country, on the other hand, nothing is more common, or more judicious,—unless the patient be of very vitiated habit,—than to bleed—locally and generally.

Lecture IV.

In this lecture the treatment of erysipelas was dwelt on at considerable length, and in a plain, practical way. Although nothing new was advanced on the subject, we are unwilling to abbreviate, and therefore give the lecturer's remarks in full:—

The amount of destruction that accompanies the progress of this inflammation in the filamentous tissue is sometimes quite astonishing. I have somewhere in my museum specimens of that kind which I have removed, and they were of very considerable size—some of them as large as your fist. These have been described by writers as resembling masses of "tow."

Erysipelatous inflammation then, being of the unhealthy character, and exhibiting the characteristics I have described, and frequently vesicating to a great extent, demands very particular attention to the

Treatment.—As I remarked yesterday, this inflammation is treated very differently in different countries. The difference in the treatment here and that adopted in some parts of Europe, especially, must strike every observer. In London and Paris this difference is particularly visible. The treatment there is quite the reverse from that followed, and indeed imperiously demanded, here, and this arises from the difference in the habits of the patients. Now and then, it is true, I have, in my hospital practice, met with a broken down constitution requiring similar treatment to that pursued in Europe. But, generally speaking, the remark as to the entire diversity of practice, is correct. In London and Paris they adopt the plan of sustaining the patient. They adopt the heating—stimulating—sustaining plan—the elexo-pharmic treatment. They sustain the patient with good nourishing diet—porter—tonics and opiates, to allay irritability. Because in such cases the system is in that state which would not at all admit even of local depletion, apart altogether from that of general depletion.

In our country the treatment is generally antiphlogistic—both locally and generally. But let me here, gentlemen, observe one thing, and the caution applies especially to the head. You are to be very circumspect how you apply any thing to the head, in the form of lotion, that is cold. For it is a fact, that there is a medium of communication between the filamentous structures exterior to the brain and those structures in the interior of the skull, by means of the various foramina at its base; and hence it is, that when we have this affection of the scalp, and it is treated with cold lotions, you have indeed the inflammation diminished as it relates to the part, but you have the phenomena denominated a "repercussion," or striking inward of the inflammation, and it passes to the brain, and is fatal. It is rare to find this disease spread on the surface, and evidences of inflammation of the membranes of the brain, that it does not terminate fatally. You will then be very circumspect in using cold applications. I would not venture on any lotion, not even on a poultice—beyond a farinaceous one—that would be cold. Cold applications are supposed, of course, to diminish inflammation. But I have seen very disastrous effects follow their use. The applications that are commonly used here and in other countries, are all well sanctioned and well established, and they are good. All farinaceous applications are good; there cannot be any question about it. Arrow-root, starch, meal of any kind, particularly that of rye. Any farinaceous substance applied dry, seems to have a good effect. And you may apply the above moist, with a brush, all over the affected part. I have often applied the article used for domestic purposes, called "whiting," in this way, made into a kind of paste. I have allowed the patient to remain for days with this over his face—looking like a cast of plaster of Paris. Whether this operates by retaining the heat, and in that way diminishes the inflammation, as substances will diminish inflammation that is produced by burns and scalds, that produce themselves a less effect than the producing cause of the mischief, I will not say. But increasing the heat of the part, or economising it as it were, seems to have a good effect in subduing the inflammation. Take as an illustration of this, the well-known principle of applying to a burnt or blistered part, a substance less painful than the caloric that produced the mischief. You know the famous Kentish plan of applying turpentine in burns and scalds; though not so good as Sir John Earle's practice, of applying scraped potatoes, or immersing the limb in iced water, yet it is an excellent application. You apply the turpentine ointment, and the sore heals infinitely better. Whether this acts on the principle of accumulating the animal heat, I cannot say; but the fact is as I have stated. Therefore, all these substances are among the best applications in ordinary circumstances. An application which I have used an abundance of times, is, I think, a very good one. It is not used abroad, but is in common use here—I mean the common *yeast*. This is to be applied warm. I have kept this applied to the scalp for days. It is to be applied in a linen cloth, a napkin over it, and kept on for days.

If this inflammation continues obstinate and manifests, as it frequently does, a disposition to spread, what is to be done? Has any light been thrown on this part of the treatment by our knowledge of that important fact—a fact as Catholic as any can be in the profession—that by instituting a new action we control or arrest a morbid one? Yes. And to effect this we employ a remedy that is worthy of all commendation—it is a *blister*. I have again and again applied blisters in erysipelatous inflammation, and they have done well, and they have not. I have had them mortify—what then? Why I applied others. In such tissues as the scrotum and penis, blisters are apt to mortify, but in the extremities or in the head and face they never do. But we have the disease marching rapidly, we will suppose, on the face. Put on a strip of blister plaster. Put it on the sound part, and very frequently this application will arrest the inflammation. If one blister does not, apply a second or a third, and then perhaps you will stop it. Do not be discouraged. On the extremities I have never known them to sphacelate, but this result is very likely to happen about the perineum. The plan of applying the nitrate of silver on the same principle of the blisters, has been recommended by Mr. Higginbotham. You are also perhaps aware that the practice of incisions has been resorted to. There is some controversy as to whether the merit of introducing this mode of treatment belongs to Copeland Hutchinson or to Mr. Guthrie, of London. Both claim the discovery. The former employed incisions in the Military Hospital at Deal; the latter was probably the first to introduce the practice to the attention of the profession. At any rate this practice emanated from these gentlemen. The incisions should be made very deep, so as to go down quite to the muscles. A very free discharge of blood follows, and there is a more ready suppuration, and the pain is much relieved by removing the stricture occasioned by the great distension of the integuments.

Another application which I have known used a good deal without as much effect as I could have wished, is the *mercurial ointment*. This is a good deal used by the French surgeons, and they rely considerably upon it. I have not myself seen the good results from this application that are spoken of by some. But this remedy may be mentioned among the others I have named.

Next I would mention warm lotions of the *cerussa acetatis*. I give you the old common names, gentlemen, for I am not so bright in chemistry as I was years ago, but if I am wrong, you must correct me—that's all! (A laugh.) The common sugar of lead made into a lotion, then, and applied *warm* is often useful. But recollect this is not to be applied cold, for the reason I have mentioned, if the inflammation is on the scalp. There would in that case be great danger of "repercussion" and fatal results. Apply it warm then—of the strength of a drachm to a pint of water. It is well to have as many of these professional "tools" about us as possible, therefore I mention this remedy. The vulgar adage, "what's one man's meat is another's poison" holds good in our profession—what acts kindly in one case will not do so in another—therefore you must find out what suits the case—no one can tell that *à priori*—it is impossible.

When this inflammation terminates in suppuration the patient requires a great deal of sustaining treatment. From the unhealthy character of the inflammation, the matter is very extensively diffused. In ordinary phlegmonous inflammation you see how circumscribed the matter is, from its being confined within narrow limits, as it were, by the adhesive matter. Here it is quite different, and you must have recourse to "tonics." And here let me tell you that all the medicaments in the Materia Medica will not make a man fat—the best "tonic" is a good *beef-steak*. (A laugh.) The medicines that are called tonics only prepare the way for that, and when a patient can take nourishment enough, he does not need tonics to sustain him.

I will next say a few words, gentlemen, on the subject of

WOUNDS OF THE SCALP.

This will of course come before us again under different circumstances, but it is yet very apposite to make a few observations on the subject now.

As a general rule, wounds of the scalp do remarkably well. Because the vascularity of the scalp is so great that the reproductiveness here is wonderful. Wounds of the scalp, like those in all other situations, may be incised, punctured, or lacerated. I think there is hardly any necessity for a "contused wound" any where, for that must be a laceration, and where there is a laceration, it must, of necessity, be more or less contused.

Incised wounds are simple, from the great readiness with which they unite and heal by the first intention, or by the second intention. They very seldom require to be stitched, unless they be situated where the action of the muscles will separate the edges of the wound. In all operations on the scalp, let me advise you to pay deference to the trunks of the vessels, and avoid them if you can. The bleeding is of little importance in itself, but it is annoying and requires pressure, which is to be avoided here.

Punctured wounds are among the frightful sorts of injuries of the scalp. In such cases we are very apt to have the erysipelatous inflammation set up, and it is well for you always previously to performing even a trifling operation on the scalp, to tell the patient that erysipelatous inflammation may be the result.

Lacerated wounds of the scalp, are of much less importance than in other parts of the body, from the reason I have named—the readiness with which the scalp is reproduced. Here let me say, never remove any portion of the scalp, however jagged or lacerated it may be.

Next we come to

PHLEGMONOUS TUMOR

of the scalp, which is a very frequent result of a wound of the epicranial aponeurosis. The symptoms are very severe, resulting from the same causes which produce such acute suffering in thecal inflammations, and all accounted for by the structure of the integuments of the scalp. What is the treatment? It is very plain and obvious that this must be to remove the mechanical cause of the agonizing pain, just as we do in the case of "whitlow"—we make a very free incision, cutting in the direction of the vessels, and so as to allow the evacuation of the matter.

PUFFY TUMOR

of the scalp. Here is a totally different state of things from the last case. The puffy tumor of the scalp is of great consequence to the surgeon. The puffy tumor of the scalp is never a *primary* affection—it is always remote and secondary. It is the sequel of an injury which has developed itself within the skull, and indicates that there is a corresponding difficulty in the inside of the cranium. This affection—as all the surgical diseases of the head are—is beautifully described by Pott, and though it is twenty years since I read his book, yet I recollect perfectly what he has said about this tumor, and he speaks of it as existing uniformly in combination with injuries of the head—as following what are called mere "knocks on the pate" without any apparent immediate serious result. A few weeks, perhaps, after the injury, the patient has pain in the head—restless nights—flushed face. By and bye, more or less fever will come on, and sometimes I have known as regular shiverings as those attending any other collections of matter. In these cases it will be generally found that the pericranium is separated from the bone, and the bone itself is of a white, opaque color, and a deposite of matter in the duramater. As I will recur to this when speaking of injuries of the head and brain, I do not dwell on it now, but go on to speak of the

BLOODY TUMOR

of the scalp, which is a frequent result of slight blows on the head, especially in children, where the vessels are more easily lacerated. Hence, often in playing with each other, children will get a blow on the head followed almost immediately by one of these bloody tumors. In itself this not at all a serious thing, but only becomes so from a mistake respecting it, into which you may be very apt to fall. The mistake is that the impression likely to be conveyed by examining these tumors, is, that they denote a depression of the bone. You feel the margin of the tumor, and it seems hard; but the moment your fingers press into the centre, on the extravasation, it seems as though there must certainly be depression. Let me advise you, gentlemen, never on any account open one of these tumors, unless you are convinced, from the existence of other symptoms denoting severe affection of the brain, that there really is depression. If you do not observe this precaution, you will have reason to repent it. You will be led into very unpleasant mistakes, as there are always persons ready on such occasions to make ill-natured comments. A few days ago I was called to see an interesting case of a child, laboring under symptoms of depression, with a surgeon in this city. I ventured to give an opinion in the case that was right. The child had received a blow on the forehead, and there was now a bloody tumor. I examined it, and certainly the feeling of drepression was so great that I said there surely could not be any mistake. When it was opened the bone was a little depressed. There was not depression of bone enough, indeed, to account for the symptoms, but it was a clear case for perforation of the bone. The bone was perforated and out gushed a quantity of blood, and before the head was dressed the child began to exhibit recovery of its senses, and ultimately done remarkably well. But I would never presume to open a thing of this sort from that feeling merely.

The proper application in such cases is simply some stimulating lotion. I generally order the camphorated spirits. Salt and vinegar, or solution of muriate of ammonia answer very well. The absorption of these tumors is wonderfully rapid.

Introduction of Air into the Veins.

FROM THE CLINICAL LECTURES OF PROFESSOR VELPEAU, AT THE HOSPITAL OF LA CHARITE.

It was proved by Bichat and Nysten, that air introduced into the veins in sufficient quantities could cause death. By succeeding experimenters, Barry, Magendie, and Poiseuile, it was found that air would enter of itself in sufficient quantity to produce death in some veins which were opened by any incision; and Poiseuille, in continuing his researches on this subject, discovered that the veins in which this accident could occur were those in which a venous pulsation existed, namely, the subclavians, internal jugulars, and axillary veins. The explanation of this circumstance was given afterwards by M. Berard, who showed that the veins at the root of the neck were so united by cellular and fibrous tissue to the bones in the nighborhood, that they were prevented collapsing when an opening was made in them, and which remained gaping in the same way as an incision in a perfectly inactive canal would do. M. Velpeau considers that this capability for the introduction of air exists in the internal jugular vein as high up as the larynx. This is not the case in every instance, as we have seen a patient in whom the internal jugular was most freely opened between the thyroid and cricoid cartilages, in his attempts to commit suicide, and yet there were no symptoms to indicate the introduction of any air into the circulation. From the experiments of M. Poiseuille, the introduction of air into the veins of animals is accompanied by a dull sound, though sometimes, especially in horses, by a kind of gurgling. Death usually takes place in from five to fifty minutes, but not instantaneously. The post-mortem appearances exhibit distension of the right auricle and ventricle of the heart, and these cavities contain generally red blood mixed with a great quantity of air, a bloody froth, (mousse sanguine.) In some cases the same appearances have been found on the left side of the heart, and air has been discovered in the vessels of the brain. M. Velpeau has collected with great industry all the cases that have been hitherto recorded of this accident, about thirty in number. Of those in which death took place a post-mortem examination was only made in seven instances. In these, a quantity of air dilated the right auricle of the heart in some cases, in others the veins only, in one the bloody froth formed in the experiments on animals was present. The sound which accompanies the introduction of air into the veins of man is usually a kind of whistling; and death, when it does take place, is generally instantaneous. From this difference in the symptoms that have been observed between these accidents as occurring in the human subject and produced by experiments on animals, M. Velpeau seems to doubt whether we can with propriety conclude that in these cases death was absolutely produced by the introduction of air into the veins. In our opinion he lays too much stress on the necessary accordance between the result of the experiments on animals and the accident in the human subject; for, though in some of these cases where death took place, the veins opened were the external jugular, the veins of the shoulder, and the subscapular, (which in the experiments recorded were not found capable of admitting air,) yet the symptoms and instantaneous death of the patient could only be accounted for by the occurrence of this accident, and we think the perusal of the cases must satisfy every one that it had occurred. We should be inclined to arrive at a different conclusion from that of M. Velpeau, namely, that air may be taken into the circulation by many smaller veins than was supposed by the experimenters on animals.

The symptoms of this unfortunate accident, when air has been taken into the circulation in large quantities, are, a whistling or gurgling sound, a feeling of faintness, occasionally universal trembling, syncope, and death. When a smaller quantity of air has entered the veins, a feeling of faintness or even perfect syncope may take place, and the patient afterwards recover. Under the head of treatment, M. Velpeau discusses the question, whether preventive measures should be taken in operations at the base of the neck, where wounds of the veins in this situation might occur, these preventive measures consisting of compression of the chest or of the veins between the wound and the heart; and he decides that both these precautions are unnecessary or useless, and that the only resource that remains to the surgeon in these cases is: "1st, to do every thing to avoid wounding in operations the internal jugular or subclavian vein; 2d, in cases where it is necessary to penetrate to the neighborhood of these vessels, not to separate the pedicle of the tumor without having compressed it on the side of the heart between the fingers, or surrounded it with a strong ligature; 3d, to avoid, as much as possible, stretching, pulling, or separating the tissues, elevating the arm, or pulling backwards the shoulder or neck, when the bistoury approaches the large veins at the summit of the chest." The curative means, or those by which the air may be expelled from the veins of the chest when it has once entered, are very ineffectual

Compression of the chest is perfectly useless, and can have no effect in expelling the air in the human subject, and we have no known remedies by which this accident may be combated.

An Account of the Yellow Fever, which appeared in the City of Galveston, Republic of Texas, in the Autumn of 1839, *with Cases and Dissections.* By Ashbel Smith, M. D., A. M., Ex-Surgeon-General of the Texian Army.—Galveston, Texas: 1839. 8vo. pp. 78.

The city of Galveston is situated in lat. 29° 18′ N., and long. 96° 6 W., of Greenwich. It extends across the island on which it is situated, and which varies in breadth from a mile and a quarter to two miles. The city is washed on its southeastern border by the Gulf of Mexico, whilst its northwestern side is washed by Galveston Bay. The harbor is on the side of the island which fronts this bay. A natural mole (*levée*) of about two feet in height and one hundred feet in breadth, has been formed along the shore of the harbor; behind this the land is on a level with the water at middle tide, and is overflowed in high tides. A quagmire thus at all times exists, three fourths of a mile long, and from one hundred to three hundred feet in breadth, exposed to the rays of a burning sun, between the mole and higher land of the island. Immediately contiguous to this morass is the "strand," the principal business street, where the disease was first observed. Of the general salubrity of the island, Dr. Smith speaks in the highest terms.

Between Dr. Smith's description of the yellow fever of Galveston, and that furnished by M. Louis of the disease in Gibraltar in 1828, there is so complete a resemblance as to prove the identity of the diseases. The author's conclusion from his pathological researches is, that the stomach and liver have invariably suffered; the mucous coat of the former organ always has presented severe structural derangements, which Dr. S. regards as the *mortis ratio sufficiens;* whilst the latter has exhibited with equal uniformity, evidences of serious functional derangement. In the treatment, Dr. S.'s reliance was on bleeding, early employed—a mild cathartic (infusion of senna and rhubarb, in which manna has been dissolved)—mustard—baths—mild beverages, and a room of moderate temperature, properly ventilated, but at the same time secured from the direct impression of currents of air which may repel the blood from the surface. Dr. S. has, in our opinion, satisfactorily proved that the disease is not contagious.

We have great pleasure in commending to the notice of our readers, this first contribution to the medical literature of Texas, from the pen of the intelligent author, and hope it is the precursor of many from the same respectable source.

Library of Medicine, Vol. VI.—*A System of Midwifery.* By Edward Rigby, M. D.—London: 1841. 8vo. pp. 314.

Dr. Rigby occupies the chair of Lecturer on Midwifery at St. Bartholomew's Hospital, and in the present work he has made a very important addition to the many excellent treatises which we have on the important branch of medical science which he is employed in teaching. To give, at present, even a cursory review of this volume, is out of the question. We merely direct to it the attention of practitioners, and present the following extract, which describes, as far as we know, a novel source of prognosis of the duration of labor:—

> "The celebrated Wigand, of Hamburg, considered that the form of the vagina would frequently furnish the means of a pretty certain prognosis of the duration of labor; thus if it were wide and yielding throughout its whole length, the labor would be quick, both at its beginning and termination; if, on the other hand, it was small, rigid, and contracted throughout, the labor might be expected to be of a very different character. If, on examination, the vagina is found roomy and well dilated at its upper part, but contracted and rigid near the os externum, the labor will be probably quick and easy during the first half, but slow and difficult afterwards; on the contrary, when the os externum is yielding and wide, but the upper portion of the vagina narrow, the labor may be expected to be slow at first, but to be brisk and active afterwards."

First Book of Natural History, prepared for the use of Schools and Colleges. Translated from the Text of Milne Edwards and Achille Comte, by W. S. W. Ruschenberger, M. D., Surgeon U. S. Navy, &c. &c. 12mo. pp. 101, with Plates. Turner & Fisher, 15 North Sixth street, Philadelphia, and 52 Chatham street, New York. 1841.

This is an excellent translation of the first of a series of elementary treatises on Natural History, "arranged and published by men distinguished in science, under the direction of the 'Royal Council of Public Instruction of France,' for the use of the schools and colleges of that country." The present work exhibits a general outline of physiology and animal mechanism, which is well adapted to convey clear and correct notions of these subjects to the minds of youth. The plates and copious glossary which accompany this unpretending but useful volume greatly enhance its value. The Committee of Public Schools of Pennsylvania have adopted this "First Book," and we very fervently trust that their example may be universally followed.

On the cure of Bronchitis, Consumption, &c. &c. by Inhalation. By Edward Jenner Coxe, M. D. 12mo. pp. 108. J. Dobson, 106 Chesnut street, Philadelphia. 1841.

We have had leisure to read only the author's very modest preface. In it he says:—

> "The object of the following remarks upon medical inhalation, is to collect in one work, the scattered observations of many writers upon the subject, thereby more particularly directing the attention of medical men to a plan of treating consumption, bronchitis, and other affections of the respiratory organs, which, although not possessing the merit of entire novelty, has, until the last few years, been too much neglected. Although medical inhalation will not, and necessarily cannot, in all cases, succeed in effecting the utmost of our desires, it will, under the most adverse circumstances, generally prove a valuable palliative, and but little, if any, doubt can reasonably be entertained of its coming into general use, and forming a new era in the treatment of consumption, bronchitis, and other diseases of the air passages."

Hand-Book for Emigrants and others, being a History of New Zealand, with remarks on Climate, &c., of the Australian Continent. By John Bright, M. R. C. S. 1 vol. 8vo. Hooper, 13 Pall Mall, London. 1841.

Mr. Bright was resident in Australia during four years. His work is very meagre and unsatisfactory, indeed, considering the opportunities he must have had for making a good one. We give a short extract relative to the climate of South Australia:—

"The summer heats of Australia render the frame very irritable, and the extreme changes to which you are there liable endanger health. The European on landing finds the action of the skin greatly increased—the perspiration incessant, relieves at first, but soon exhausts the system. In such a state any undue excitement or exposure to vitiated air produces fever, increasing arterial action, to be allayed only by death; or in such a state if exposed to the causes of cold, a violent dysentery sets in, extremely difficult to manage, often fatal in its results, or causing chronic affections which impede efforts for subsistence. Diarrhœa is frequent and a virulent ophthalmia—it is no uncommon thing to witness a blind eye among the aboriginal inhabitants. The northern blasts of Australia blow as if from the mouth of a furnace. The soil, finely pulverized, owing to a deficiency of moisture, is shovelled up by the wind; and in addition to the suffocating heat, you are terribly embarrassed by showers of dust poured upon you—your eyes, nose and mouth are filled by it. Spasmodic complaints are frequent; I experienced a severe form of it myself, and the agony was tremendous. It was followed after frequent attacks by erysipelas about the legs, and inability to move without pain; at the same time I attended frequent cases, all alike my own. Meat in Australia becomes blown in a minute. A limb that was amputated was, before the operation, alive with maggots, like a liver buried in a pot to produce maggots for angling. Parturition to the new comer is not unattended with danger. The dysentery and ophthalmia are the diseases peculiar to the climate, and are highly dangerous. They attack the temperate as well as the intemperate, but as elsewhere the latter are more obnoxious to them. The climate evidently tends to a premature development and early decay. But many old persons, coming from cold countries, and avoiding exposure to middays or midnight chills, are renovated here.

Guy's Hospital Reports.--No. XII.

In the fourth article Mr. Lever has furnished a statistical report of the Guy's Hospital Lying-in Charity, from its establishment in 1833 to 1840, during which time 4664 women have received the benefit of the charity. Mr. Lever has embodied in his report, tables showing the number of each sex born alive and those still-born; the varieties of labor which ended in still-birth; and the proportionate frequency of the various kinds of labor: for these we must refer to the original paper. He has added some remarks, in which he compares the results exhibted by these tables with those furnished by other institutions; some of these we shall notice.

Face presentations appear to have been comparatively much more frequent at Guy's than in the Dublin Lying-in Hospital; in the former they were as 1 in 179 of all cases, in the latter as 1 in 504. Merriman gives 1 in 450, Mad. Boivin 1 in 275, as the proportion. Premature birth was induced in 6 cases; in only 1 was the child born alive. Secale was but sparingly used, only once in 292 deliveries, affording a creditable contrast to the practice of those gentlemen who boast their experience of its efficacy in *hundreds* of cases. The preparation employed was the æthereal tincture, made as recommended by Dr. Rees, in the Med. Gaz., for April 4, 1840. The instrumental deliveries were 46 in number, or as 1 in 101 cases; in Dublin the proportion was 1 in 114: of these, 9 were delivered with forceps, 12 by the vectis, and in 25 cases the head was lessened. Of the 9 delivered by forceps, 5 children were still-born, and only 1 of the 12 in which the vectis was used. Thirty-three were twin cases, or 1 in 141 births, a low proportion as compared with England generally, in which twin births are as 1 to 92, or Scotland, where they are as 1 in 95, or Ireland, where the proportion is 1 in 62. Fourteen cases of placenta presentation occurred, or 1 in 333 births, a proportion four times as great as that found in the Dublin Institution, where they were as 1 in 1492; two of the cases ended fatally to the mother, and eight of the children were still-born. Forty deaths of women occured during the seven years, or 1 in 117 cases; the great majority of these were from puerperal fever. This result must, we think, be looked on as a favorable one, especially, as the author observes, "when we take into consideration the miserable condition of many of the patients admitted to the benefits of the institution, the privations they undergo, and particularly the intemperance and imprudence in which many of them indulge." This is a valuable communication, and highly creditable to the author.

Vaccination in India.

The following extract from a statement made by Alexander Duncan, Esq , Surgeon, and Superintendent of Vaccination in an extensive territory in India, will not be uninteresting to the majority of our readers. Mr. Duncan's article appeared in a recent number of the London *Lancet.*

Failure with Dry Lymph.

I have no doubt that failures from the use of dried lymph are very generally owing to the minute quantity laid on the glass, or point. The quantity that might be amply sufficient for the production of several vesicles, if used in its fresh liquid state, may not when dried up be sufficient for one. For, first, it is next to impossible to introduce the whole of it. Secondly, it may not be so immediately or completely absorbed. Thirdly, a portion, though not the whole of it, may be deteriorated and inert; and hence there may not be a sufficiency for the production of even one vesicle, whereas if a larger quantity where laid down, there would be more to work upon, and a better chance of success. This I know, in an extensive experience, that I failed very frequently with the small, and very rarely with the large quantity.

As to the best vehicle for softening and diluting the dried lymph, (or the scab,) whether water or milk, and whether cold, hot, or tepid, I do not think even this has been sufficiently tested. I am of opinion that tepid is the best state, and milk the better vehicle.

It is said by able physiologists, that the cuticle should be slightly raised in vaccinating, but no blood ever be drawn. Here is theory, but it is at variance with the success of practice. The most expert vaccinators I had ever seen, both in speed of operation and success in result, were the four senior natives in employment where I was appointed superintendent. I had tried my hand on a good many hundreds before, but these men beat me out and out; so I set to work and soon equalled them. I have frequently timed ourselves, and including delays for the flow of lymph, and opening new vesicles, not hurrying, but working deliberately, we made six and a half punctures in the minute. Did we avoid drawing blood? Assuredly not. We did not wish to see it stream, but we liked to see a drop or two; and this I know, that the experiment with the cuticle only slightly raised, or the cutis very slightly penetrated, were not attended with that success in our hands that the deeper puncture was. It seems to have escaped attention that this deeper puncture cuts more absorbents, and passes the mouths of more also than the more superficial, and thus affords a better chance of immediate absorption. Whoever has advanced the opinion that a very slight puncture by the poisonous fang of a serpent is of necessity more deadly than a deep one? Just so in this; should the blood flow freely, it may wash away the matter. It does not always, but it may; but never mind its appearing; a moderately deep puncture affords the better chance of success, but not a straight downward one, it should be oblique or sloping.

There is a tact in vaccinating. No new hand had the same success as the old. The new took more time, were at much more pains, but for all this they failed much more frequently. We usually made three punctures with one charge, keeping the point of the lancet sloping downwards. A superintending surgeon denied the possibility (and he had vaccinated largely himself—here, again, was theory—for he had not tried it) of raising three vesicles with one charge. I showed it to him in practice. We rarely failed. Sometimes, indeed, only two came forward, and at times the system would not take the disease. It was usual to make three punctures in each arm of those above six months old, and four in grown-up people. Whenever the arm was done, pretty strong pressure rapidly over each puncture with the shoulder of the lancet was made; this certainly tended to repress bleeding, and probably to promote absorption.

There is a beauty in the vaccine vesicle, *of degree*. Take a hundred arms, with their complement of vesicles, and all perfect: out of these, some few, say ten or twelve, will be more beautiful than the others; and compare these, also, with each other, and a few will be found more beautiful than the rest. I would select the most beautiful to vaccinate from, and yet I know not if it be of any consequence. In taking the lymph, the lancet was entered at the base of the vesicle, and worked so as to cut the cells all round at the base, but leaving the cuticle entire, except where the lancet entered. The first lymph had usually a little blood with it, and was put aside; then it came quite pure, and continued to flow for some time. We had to wait now and then a minute or so to give it time. It goes on secreting very rapidly when thus treated; and this secretion is proved by its effects to be equally efficacious with the lymph that was contained in the vesicle when first opened.

Vaccinating from 1200 to 3600 in the month, in a rugged country of rock and hill, and ravine, and petty villages, it was out of the question that separate and minute instructions could be given to the individuals. General rules were therefore given, and these were generally, certainly, if not always, attended to. Thus, as it is well the arm, when vaccinated, should not be washed for a day or two, nor rubbed nor bruised for the whole period; and as a favorite mode of drying children is to seize them by the arms and swing them round, so the rule was laid down that no ablution of a vaccinated person should be made for eight days. The rule was attended to; it came to be thought a necessary thing, and I know no evil that arose from it, but am certain that in very many cases it did good, by saving the arms from being bruised.

Modifying Causes.—It has not appeared to me that the season has any decided effect on the vaccine; but there are circumstances which have. If the person from whom the lymph is to be taken has travelled so as to be suffering from fatigue, or is oppressed by the heat of the day, or by hunger, or by fear, either total failure may occur, or the result may be an impure disease from a pure one (i. e. pure till that moment). I do not say the result will always be such, I know it is not so; but I have seen enough to know there is a risk, and a considerable one, too; I except that sort of dread that is manifested by kicking and roaring, unless very long continued. But every thing that exhausts the cerebral energy, has seemed to me occasionally to produce a deterioration of the vaccine secretion. It is a subject worthy of the fullest investigation. Perhaps many of the failures so often occurring may be traceable to this source; i. e., from a perfect vesicle lymph may have been used, taken off under circumstances of cerebral distress, and give rise to spurious disease. One day I rode into a small village, and found the whole of the vaccinated with spurious vesicles. I went into the neighboring one, and here all were perfect: they were vaccinated on the same day from one child. The vaccinator was pressed for time, and having finished the latter hasted away, in the heat of the day, and without giving the child time to rest and to take food, to the other.

Efficacy.—The efficacy of vaccination in the Southern Konkem was perfectly satisfactory.—When small-pox appeared in any village, and the vaccine was sent thither and fully established, then the former was completely arrested. Of this the people were latterly fully aware. In the Sawunt territory, the Muharatta doctor of a large straggling town ridiculed the idea of our preventing the contagious variola by our process, and that he would show us how to produce the proper preventive disease. I desired him to wait for two months after I was done with the place. He then inoculated above two hundred, of whom some had swollen arms in consequence, and some had an eruption of miliary-looking vesicles, chiefly in the arms, but not one had small-pox, or any thing like it. The man very feelingly remonstrated with me, that I had taken the bread out of his mouth; for if small-pox had broken out in that town, then most of those, in whom we *had put our charm*, would have been brought to him, and inoculated at from half a rupee to three rupees, and sometimes five or more each.

Inoculation of small-pox was extensively practised in all the Southern Konkem. In the northern and central parts the common potters were the performers; and hence the inoculated went by the name of potters-pock; in the southern part I found the common doctors perform it; it is most clumsily but efficaciously done. A portion of skin below the elbow on the palmar aspect is abraded with a piece of broken earthenware, and then a small quantity of cotton well imbued with the virus is tied on firmly. It very frequently leaves a large permanent scar.

This practice must be of considerable antiquity, and may have originated among themselves. But that is conjecture. I was unable to trace it to any date or source; but it is managed with great practical good sense, such, indeed, as was never in force in our own country; *for it is not permitted to be done in any village until small-pox has first appeared therein;* and hence the disease is not carried the length and the breadth of the country by inoculation, as it too often was with us; and they are very strict in preventing communication with infected villages.

Solution of Stone in the Bladder, by Alkaline Medicines, especially the Bicarbonate of Soda.

1. M. Fournier had a voluminous stone in his bladder, with a rough surface. He was sounded by M. Leroy D'Etiolles, on the 9th of August, 1838, and the stone was declared to be of the size of a large walnut. Under the use of the Vichy waters all the symptoms of stone were gradually mitigated; large quantities of gravelly masses were passed. The patient was again sounded by M. Leroy, who declared the stone had decreased in size. After this the patient continued the use of the alkaline medicine at home for some little time; but suffering nothing, he gave up his medicine, and had apparently no remains of stone in the bladder. He enjoyed uninterrupted health for more than a year. In the month of October last he was seized with a fever and died: on opening the body after death, the long-shaped nucleus of a stone, the size of a shelled almond, was discovered.

2. Dennis B. Jacob, having a considerable stone in his bladder, came under the care of Dr. Petit, at Vichy, in the season of 1839. The patient was refractory, and did not follow the treatment regularly. Remanded in 1840: his stone was previously seized in various directions by Civiale, Blandin, and Berard, and ascertained to be of the diameter of 13, 14, and 15 lines. The treatment by the Vichy waters began on the 23d of June, 1840, was pursued with great regularity to the middle of September, the patient taking from twelve to twenty-five glasses of the water and a bath daily, and in addition having a stream of the water sent through his bladder by means of a double-current catheter, once, twice, and even thrice a-day, for some considerable time. In the beginning of August the patient began passing fragments of stone, and at the same time obtained relief from his sufferings. On the 18th of September the man was sent back to Paris, and having been sounded on two several occasions by the members of the committee, it was formerly declared there was no longer any more stone in the bladder.—*Dr. Petit, in Brit. and For. Rev.*

(Each glass of the Vichy water contains fifteen grains of the bicarbonate of soda.)

Professor Williams, of Dublin, has cured several cases of chronic tumors of the bursæ mucosæ and sinovial sheaths of tendons, "by the subcutaneous division of the sac of the tumor and the subsequent application of 'pressure.'"

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, January 1, 1842.

At the auspicious epoch of the commencement of a new year, our journal enters on existence, with the most cheering prospects of a long and prosperous career. Albeit, the custom of bespeaking public favor for a literary bantling on its first appearance, is one which we deem, in general, "more honored in the breach than the observance," yet we cannot refrain from briefly referring to some of our claims on the attention of the profession in whose service we are to be employed, and hinting at some of the principles of action by which our conduct will be regulated.

In the first place, then, we will be perfectly independent. We solicit no favors from any man, or body of men. We have no purposes to serve apart from the general good of our profession. We are free from all feelings of partizanship—we are bound to no petty *clique*—we have no local interests to advance and defend. Our great objects in assuming the solemn responsibilities of our present position, are to diffuse among the members of our profession in this vast division of the earth, a large amount of such practical information, as is at present entirely beyond the reach of most of them—to elevate and purify the character of the profession—to remove popular prejudices and errors—to give permanent record to the multitudinous experience of practitioners throughout the entire Union—to act as a medium of communication with the OLD WORLD—and to represent the important influences which emanate from this great centre of national intelligence, so far as they have a bearing upon the medical profession.

It has been notoriously a matter of complaint, that heretofore no independent, liberal, and carefully conducted national medical journal existed in this country. We have seen several attempts at medical periodical publication, but the fact that they have uniformly proved abortive, after having been persevered in for longer or shorter periods, affords ample demonstration that they were not undertaken in the proper spirit, and utterly failed to meet the wants and wishes of the members of the profession. Why should we not have in this country a journal with a circulation as extensive as that of our great prototype—the London *Lancet?* We can see no reason why we should not, if one were conducted on a similar plan, and equally independent principles. We mean to do this. We intend to make the *New York Lancet* such a journal as will command the support of every practitioner and student throughout the Union. With such views, and in the full spirit of our motto, we enter on our labors.

Lecture, introductory to a Course on the Principles and Practice of Surgery in the University of Pennsylvania. Delivered November 1, 1841. By WILLIAM GIBSON, M. D.

Never since the shadowy days, whose gentle radiance illumes with a glory all its own, the darkening Past, and in which our infant minds were delighted with the thrilling and veritable memoirs of the illustrious WHITTINGTON, have we been so entertained with any literary production, as with this autobiography of the prophetic GIBSON! In fact there are many and striking points of resemblance between the heroes of the two delectable narratives—e.g. in the circumstances of the homeless and, mayhap, unbreeched little vagabond on the face of the earth, when his ears were greeted with the mysterious harmony that conveyed the remarkable monition—

> "Turn back! turn back!
> Whittington!
> Thrice Lord Mayor of London!"

and those of the young and aspiring Sawbones from "Old Virginny," when the first inkling of his brilliant destiny dawned upon him, is there not a verisimilitude that affects the tender-hearted with a deep and touching pathos?

Whittington, alas! was not his own biographer, and hence no authentic record exists of the varied and exquisite feelings he must have experienced at several stages of his extraordinary career. Much of the romantic interest of the story of this remarkable life has thus been lost to the world; and the loss is more evident in this dull age of matter-of-fact and steam, in which we have not imagination enough to supply the deficit. But indeed, the brief biography of Whittington may, for aught we know, be at present out of print. If such should really be the case, it is very consolatory to reflect, that the deplorable hiatus will be filled up by the admirable and characteristic "History of Gibson," now before us. Here the deficiencies in the elder work are supplied. Whilst in this, we have all the mysterious agency, startling incident, and minuteness of detail, which characterize that, we have also a faithful portraiture of character, and an honest exhibition of the usually hidden springs of action, such as is really refreshing when compared with the world's common-place hypocrisies.

We very earnestly commend this work to the Messrs. Appleton, the enterprising publishers of "Tales for Young People," and trust that they will make arrangements for its immediate republication, in a form adapted for extensive circulation amongst our dear little masters and misses, for whom we entertain a very profound regard, and to whom it is so well calculated to teach the inestimable science of getting on in the world, or as the author with a charming quaintness has it—"*not going to the wall.*" The necessity of illustrating the second edition "with cuts," has been, we suppose, entirely obviated.

We regret that we cannot afford space for the author's description of a public lecturer. Pope has however given us the counterpart:—

> "Imbrown'd with native bronze, lo! ****** stands,
> Tuning his voice, and balancing his hands;
> How fluent nonsense trickles from his tongue!
> How sweet the periods, neither said nor sung!"

A brief extract from the autobiography we must give:—

"Fifty years ago I had the honor of being born in the city of Baltimore and State of Maryland, and am, there-

> fore, like many of yourselves, a native American and a Southern man. After receiving the best intellectual education Annapolis and Princeton afforded, I commenced the study of medicine, and attended, in 1806, a course of lectures in this University. Three hours after my arrival in town I heard the first public lecture I ever listened to. It was from my distinguished predecessor, the late Dr. Physick. Struck with the peculiar appearance of that extraordinary man, and with the precepts he poured forth, my attention was riveted to every action he displayed, and to every word that fell from his lips. I retired to my lodgings, kept by a very respectable widow lady, and mused for hours over the wonders I had seen and heard. Whilst rapt in the deepest study, and completely abstracted, I was roused from my reverie by the touch of my kind landlady, at whose fireside I was sitting, and asked what I was thinking so seriously about? Almost unconsciously I replied, I am thinking of Dr. Physick and his lecture, and intend, some day or other, to occupy his place. Soon afterwards the boarders were assembled around the social meal, and after tea had been furnished to each, my kind hostess, having nothing else to do, said in tones that touched me to the quick, "What do you think, gentlemen, this young man says? he says he intends to have Dr. Physick's place." In vain I put forth my hands imploringly to stop her tongue; with relentless and mischievous pleasure she reiterated the charge; and I had the mortification of receiving every species of home-thrust that sarcastic ingenuity could invent. For weeks afterwards the roars and shouts of the table rung in my ears; and many a sly glance and curl of the lip afterwards told what the thoughts of my associates were. Vexed, however, and annoyed as I was at thus being made a target to be shot at, the idea, which so unceremoniously took possession of my soul, was never for a moment lost sight of, but haunted my dreams by night and my thoughts by day. * * * During the whole of my sojourn in my native city, I constantly said to my friends I am a great believer in destiny, and feel confident that my residence here will be temporary merely; told them of the idea which had taken forcible possession of my mind whilst a student, and which never for a day had been absent from my thoughts; said I should be appointed to Dr. Physick's chair, and could almost venture to tell the hour at which the appointment would be made. That hour, true to my prediction, at last arrived. * * * My appointment to Dr. Physick's chair took place in September, 1819—rather more than twenty-one years ago. * * * My first step, after receiving the appointment, was to inquire for and seek out my old landlady—wondering if she would recollect me and my predictions. Much to my sorrow, however, I found she had departed this life some years before. But fortunately I was enabled to trace her daughter and present myself to her notice. Finding she did not recollect me, I exclaimed, "Is it possible, Miss Betsey, you don't remember the young Virginia doctor—for by that sobriquet all students at that period were known—who impudently told your mother he meant to have Dr. Physick's place?" I thought she would have eaten me up with kindness, for she took hold of me, danced about the room like a girl of fifteen, looked in my face again and again, to see if she could trace any former resemblance, asked innumerable questions about where I had been, what I had been doing, and having satisfied her curiosity, and gotten over her astonishment, began to calculate how long it had been since I had prophecied to her mother, and made it out just thirteen years. * * * And now, gentlemen, you will perceive, from the short history I have presumed to furnish, that I have been for thirty years engaged in lecturing upon the principles and practice of surgery, first in the University of Maryland, and next in the University of Pennsylvania, as the successor of the late Dr. Physick, to whose hand and my own has the chair, so far, been only entrusted; that for the same number of years I have had charge of one or more hospitals, where I have constantly delivered clinical lectures and performed the most intricate and difficult operations; that I have devoted myself, assiduously, to the formation of a surgical cabinet, the most extensive, undoubtedly, in the United States, and not inferior to some of the best in Europe; that I have had for the best part of my life an extensive practice, and have enjoyed from European education, and the advantages obtained there theoretically and practically, and from collecting all forms of instruments and apparatus calculated to illustrate lectures, opportunities which few, if any, Americans can boast of. Let me assure you most solemnly, that I do not make these statements for display, or to enhance my own importance in your estimation. * * * My object, then, from beginning to end of this discourse, has been to speak for myself, well knowing that now-a-days, every man must do that, or not be spoken for at all. * * * Be this as it may, however, one thing is certain—that I never intend, if speaking for myself can prevent it, 'to go to the wall.'"

What child-like diffidence, tempered with such resolute dignity! The placid brow of fifty and the blushes of fifteen! Humble man, and modest withal! Well may'st thou exclaim—

"Exegi monumentum ære perennius—
Non omnis moriar!"

Popular Lectures.

We have been much gratified in observing the favorable manner in which the lecture-going portion of this community, have lately received several popular discourses on subjects connected with medical science. At Clinton Hall, Professor Pattison had an overflowing and brilliant auditory, who listened with evident satisfaction to his comprehensive and eloquent description of human organization; and Dr. Post's excellent lecture on the "Bones and Joints," at the Athenæum, was equally well received by another large and delighted assemblage. On both occasions many ladies attended, and listened with the greatest interest to the discussion of subjects, the mere mention of which, they would, until recently, have instinctively scouted.

We gladly hail as tokens of the increasing enlightment of the age, those evidences of an awakened and growing interest in subjects of such moment to every individual, and which the heavy mists of popular ignorance and prejudice have hitherto wrapt up in gloomy mystery. When the structure and organization of the human economy, and the laws which regulate our physical constitution, are more generally studied and understood, the popular prejudices which have formed such barriers to the progress of our profession will disappear, and quackery soon be obliged to hide its diminished head.

Orthopœdic Institution at Bloomingdale.

Orthopœdic surgery in all its departments is at present attracting the earnest attention of the profession throughout this country. And it cannot excite too much attention. It opens a new and vast field for the exercise of professional skill, and confers blessings on afflicted humanity, such as the warmest enthusiast can hardly exaggerate. Dr. Mott has enjoyed peculiar advantages in becoming master of this branch of surgical art, and he has, we are happy to learn, made arrangements for dispensing the benefits of his knowledge and experience to his professional brethren, as well as to those who are the subjects of the distressing deformities and defects which orthopœdy is calculated to remove. Our space cannot permit at present any further remarks, and we therefore refer our readers to the circular on this subject, that appears in our advertising columns.

Meeting of Students.

We give insertion in our advertising columns to a series of resolutions unanimously adopted at a meeting of the students attending the University Medical School. These resolutions, which were passed with perfect unanimity, are temperate and dignified in their tone; and are withal so explicit, as to render any comment on the matters to which they have reference, altogether unnecessary on our part.

THE MEDICO-CHIRURGICAL REPORTER.

The University Surgical Clinique.

As is now pretty generally known, this institution was established by Professors Mott and Pattison, shortly after the organization of the Medical Faculty of the University of New York, for the purpose of rendering surgical assistance, every Saturday, to a large class of the suffering poor, who were not likely to obtain admission into the hospitals; and at the same time affording to the students attending the college, increased opportunities for personal observation of the varied forms of disease, and the operations performed for their relief. These important objects have been attained in an eminent degree. A great amount of human misery has been alleviated; and the students and younger members of the profession who have attended, have been enabled to make large accessions to their stock of practical information. Many of the cases, of which we will give brief reports, may appear comparatively trivial and uninteresting to numbers of our readers, but we think to many others they will be of sufficient importance to justify us in allowing them a small portion of our space. We cannot, of course, think of giving retrospective reports of the proceedings at the *Clinique*, since its commencement; but we will present, in every number of our journal, a report of cases on the preceding Saturday. We will, however, in commencing our reports, refer to one out of a number of similar cases, as it presents a specimen of a very safe and successful mode of treating the congenital affection denominated the *vascular nævus*, or "aneurism from anastamosis," as some call it.

Case I.

A. B., a healthy infant, eleven months old. On right shoulder is a "vascular nævus," about the size of a pigeon's egg, which has grown rapidly since birth.

Remarks by Prof. Pattison.—This affection was first ably and accurately described by John Bell. In describing the structure of these tumors, he observes that they are formed by a congeries of blood vessels, and when cut into, present the appearance of the gills of a turkey cock, being of a spongy vascular tissue. There are three forms of this affection—one in which the disease is confined to the cuticle—the second in which the veins compose the morbid structure—and the third involving the arteries. In the cutaneous form, it is rare for any progressive growth to be manifested, and the disease remains stationary through life, not requiring surgical attention, and constituting merely a speck, or a blotch. In the venous form the progress is slow, and is not attended with the same degree of danger as the arterial, in which there is a high degree of vascular action, and which communicates a thrilling, pulsatory feeling to the touch. Unless these tumors can be exsected, the emphatic caution of John Bell, "never to cut into them," should be carefully borne in mind. If this caution be disregarded, the most dangerous consequences will follow. Various operations have been recommended besides exsection. It has been proposed to vaccinate the tumor, and so remove it by ulceration—that is, in my opinion, a practice which should never be adopted. It is often ineffectual, and the ulcerative process can be effected much more certainly by other means, and besides you are apt to lose the constitutional effort of the vaccine virus. Destruction of the tumor by the application of the kali purum, has also been recommended and effected, and is often an excellent mode of treatment. But by far the safest and most effectual treatment, is the removal of the tumor by means of passing repeatedly through it, red-hot needles. The principle on which this treatment is based is, of course, perfectly obvious, and we will now proceed to its adoption in the present case.

Operation.—An assistant, by means of a spirit lamp, made the needles red-hot, and they were passed, in rapid succession, about twenty times, into the tumor, in all directions. There was no hæmorrhage, and the child apparently suffered very little pain. The operation was repeated twice afterwards after intervals of a week, and in the course of the month the tumor had entirely sloughed away, and the part healed, without a vestige of the diseased structure being left.

Case II.

Indurated Tumor in the Tongue.—C. D., a young lad, æt. 16, a chair painter, strumous diathesis, has chronic enlargement of the tonsils, general health good. On side of the tongue there is a small, circumscribed, indurated tumor, which has existed for eighteen months, but has not given pain or uneasiness.

Remarks by Prof. Mott.—At this lad's age we have, of course, no right to expect a carcinomatous affection. All the pathognomic symptoms are absent. It is probably a partial hypertrophy of the mucous membrane of the tongue. The proper treatment will be the exhibition of alterative medicines internally, and the local application of the nitras argenti, or tincture of iodine. If this be ineffectual after its employment for a few weeks, we will exsect the tumor.

Case III.

Enlarged Meibomian Gland.—E. F., a female æt. 26, one of the Meibomian glands between the orbicularis palpebræ and the tarsal cartilage, is enlarged to the size of a small pea, producing from its irritation a slight degree of conjunctivitis.

Treatment.—The ointment of the hydriodate of potass was ordered to be frequently applied.

Cases IV and V

Strabismus.—The operation was performed in the usual way, and with perfect success.

Case VI.

Strumous Ophthalmia.—G. H., a girl æt. 16, strumous diathesis. Has strumous ophthalmia of right eye, the lid is in a state of "granulation," and the upper portion of the cornea is slightly opaque.

Treatment.—The sulphate of copper was directed to be applied every two or three days to the affected eyelid; and the domestic remedy of dropping a very small quantity of molasses into the inner canthus every morning—the beneficial effect of which was very pointedly spoken of by Professor Mott.

Cases VII. and VIII.

Stammering.—Two lads affected with this impediment, were subjected to the operation of acupuncturation—that is, passing three or four needles horizontally through the base of the tongue. In one of the cases the benefit was very apparent; but would in all probability prove as temporary as the good effects of this operation are in general

[In our next we will devote a short article to this subject.—Ed.]

Case IX.

Scrofulous affection of the Ankle-Joint.—I. J., a female servant, æt. 25, strumous diathesis; eight months ago she sprained the left ankle, since which time free motion of the joint has been considerably impeded, and considerable tumefaction and redness of the integuments now exists, with a small strumous abscess over the inner malleolus. The pressure or motion of the articular cartilages on each other does not give acute pain, nor is there any grating sensation conveyed, and it is not likely that the structure of the joint is yet seriously invaded. The articulating surface of the fibula is however inflamed and thickened.

Treatment.—The local application of the tartar emetic ointment, an oiled silk bandage, and the hydriodate of potass internally.

Case X.

Amaurosis.—K. L., æt. 27. Ten years ago received a severe blow on the nape of the neck, by which he was completely stunned. About three months afterwards began to complain of indistinct vision, which gradually increased, and in less than ten months the total blindness supervened which now exists. The pupil is dilated and motionless, and the iris nearly immoveable.

Remarks by Prof. Pattison.—This is, as is at once evident, a case of amaurosis, and one which is hopeless. In the incipient stages of amaurosis in some cases much may be done. There is one form of this affection, which occurs more frequently in this country than in Europe, and which I have not see described in the books. It seems to come on in the first instance with a neuralgiac state of the optic nerve, which slowly goes on till the function of the nerve is entirely lost. In such cases a great deal may be done by local treatment—depletion by leeches or cupping-glasses—counter irritation—and the application of strong strychnine ointment. The present case is one of those vulgarly called "black cataract"—the pupil being more dilated than naturally, permits the pigmentum nigrum to be seen through it. *In general* the pupil is insensible to the stimulus of light. In some cases, however, a certain amount of sensibility and contractile power is left in the iris.

[The remaining cases, with several others of particular interest presented on former occasions, will be reported in our next.]

We are indebted to Mr. Henry Cooke, the Secretary of this institution, for the following table of cases at the *Clinique*, from its opening on Saturday, the 3d of July last, till the present time :—

Aneurism,	5
Amputation,	1
Cancer,	11
Club-foot,	7
Dislocations,	5
Diseases of bones and joints,	66
———— the eye,	54
———— the ear,	22
———— the genital organs,	11
Fistula in ano,	4
Hare-lip,	5
Paralysis,	21
Strabismus,	25
Stammering,	74
Tumors and ulcers,	40
	351
Miscellaneous cases,	47
Total,	398

We regret that this report is not more minute in its details. We will endeavor to furnish semi-annually a full statistical report of the cases at the *Clinique*, with the results of treatment, as far as they can be ascertained.

City Hospital.

In our next number, we will commence our weekly reports of all interesting cases and operations at this institution. We intend to undertake the management of this department ourselves, and so will not be under the necesity of depending on the casual assistance of any individuals, who might occasionally desire to contribute cases.

Bellevue Hospital.

We will, probably, in the course of the ensuing week, have completed arrangements by which we will be able to present accurate reports of all interesting cases at this large hospital.

Eye Infirmary.

A great number of interesting cases are treated at this establishment, by the attending physicians, Drs. Rogers, Wilkes, and Cornell. Our reporter will hereafter attend, and furnish us with full and regular reports.

TO THE EDITOR OF THE LANCET.

510 Broadway, Dec. 25, 1841.

My Dear Sir,—

As you have expressed a wish to have an account of the operation which I lately performed on Mr. S., of New Jersey, for publication in the "Lancet," I send you below a very brief account of the case and operation.

Yours faithfully,

Granville S. Pattison.

Removal of a Carcinomatous Tumor from the Nostril, by Professor Pattison.

Mr. S., 50 years of age, began about eighteen months ago to experience some obstruction in the left nostril. The difficulty was, in the first instance, so trifling as to attract little attention from the patient. In the course, however, of about six months, the nasal passage became so closed, that Mr. S. consulted several surgeons on the subject of his case. It is unnecessary to detail the course of treatment pursued ; suffice it to state that neither the local nor constitutional remedies employed, had the slightest effect in arresting the progress of the disease. The tumor went on slowly, but steadily, to increase in size. The right nostril, which had been free from all obstruction, became gradually obstructed, and the patient, who had suffered no pain in the tumor, began to complain of severe lascerating pains passing through its substance.

The following was the state in which I found the case when consulted by Mr. S.:—There is considerable disfiguration of the countenance ; the nasal process and body of the upper maxillary bone of the left side are protruded, and the ala of the nose on that side, is much enlarged and distended by a tumor which occupies the nasal passage, and which protrudes to some extent through the anterior opening of the nares. So completely did this tumor occupy the nasal passage, that it was found impossible to ascertain with any precision the situation of its root. Whether it had originated in the antrum Highmorianum, and passed from thence into the nostril, filling it up and obstructing it, or from the surface of the membrane investing the upper or lower spongy bones, were questions which our examination could not enable us to solve. By a careful examination of the right nostril, I ascertained to my satisfaction that the obstruction in it was produced by the protrusion of a portion of the tumor which occupied the left one, through an ulcerated opening in the septum narium.

The tumor presented on its surface a knotty irregular character, and was of a carcinomatous hardness. Of its nature there could be no question. Its stony hardness, and the lascerating pains, too surely indicated its carcinomatous nature.

The only hope that could be offered to the patient was the removal of the diseased mass, which occupied the nostrils ; and from the uncertainty as to the extent of its connections, and the malignant character of the disease, no security could be offered him as to the success of any operation which might be performed. After, however, the case had been fully and fairly stated to him, and the painful character of the operation explained, he manfully and without hesitation decided to have the operation performed.

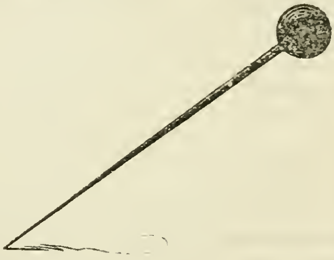
Assisted by his physician, Dr. Crittenden, and a professional gentleman from Morristown, I removed the whole of the disease in the following manner :—An incision, commencing at the inner canthus of the left orbit, was carried obliquely downwards, until the lip was divided about four lines to the nasal side of the commissure of the lips. This flap was dissected from the bone, and the ala of the nose carefully dissected from its bony attachments. Having detached from its attachments the flap so formed, to the right of the mesial line, the nasal bone was sawn down to its frontal attachment. With Hey's saw, the nasal process and a portion of the body of the upper maxillary bone were cut through as low down as the level of the palatal plate of that bone. With Liston's forceps introduced into the nose, a division of the maxillary bone, on a level with the floor of the nostril, was made to the point where the bone had been sawed through. Then with a pair of strong forceps, this large detached portion of bone was easily removed, and the chamber of the nostril fairly opened for examination. The antrum was free from all disease—the carcinomatous tumor originating from the ethmoid bone, passing downwards and becoming attached to the lower spongy bone, and from thence forcing itself through the septum narium into the right nostril. With a strong bistoury I removed the whole of the lower spongy bone. I then, pulling the tumor downwards, carried a scalpel above it, and shaved off the upper spongy bones and the nasal lamella of the ethmoid bone, from whence it originated, from the cribriform plate of the same bone. It having been from these processes that the morbid structure originated, the whole mass was now detached, and I was enabled, without difficulty, to remove it. On its removal, observing that the margins in the opening of the septum narium, through which the tumor had passed, looked diseased, I cut out the whole of the septum narium, with the exception of small anterior and posterior portions, which were left for the purpose of furnishing support. The large cavity formed by the extensive dissection just described, was now most carefully examined, and not a single atom of the diseased mass could be discovered as having been left. It was perfectly eradicated. There being, however, rather a thickened state of the membrane investing the antrum towards its outside, as a precautionary measure, this portion of membrane was destroyed by the application of the actual cautery.

The patient, a man of very firm, decided character, bore the operation most heroically. The wound was dressed by the interrupted suture, and a quantity of lint was stuffed into the nostril, so as to give form and shape to the nose. Not more than four ounces of blood were lost during the operation. An anodyne was administered immediately after it; and in the course of a few hours, the patient was comparatively easy.

This operation having been performed at a distance from the city, I was obliged to leave my patient immediately after its performance, and return to my duties in the city. I had, however, the satisfaction of leaving Mr. S. under the care of a highly intelligent and enlightened physician. His letters have been of the most satisfactory character. The external wound healed nearly throughout its whole extent by the first intention; and my last accounts inform me that the patient may be considered as now well. Whether he will continue so, is a question which it is impossible to answer. There can be no doubt that the whole diseased mass was removed by the operation. The disposition, however, to form similar morbid structure may remain, and disease may be reproduced.

Interesting Case of Tracheotomy by Dr. Mott.

A. B., a fine healthy infant, five months old, while playing in the arms of its nurse, about two o'clock in the afternoon, was suddenly seized with violent spasms of the throat, which seemed to threaten immediate strangulation. It had at the time a crust of bread in its hand, a portion of which it was supposed by the family had found its way into the pharynx, and remaining there occasioned the alarming symptoms. Dr. Mott was immediately sent for, and arrived about two hours afterwards; the violent convulsive action had then ceased, and he found the child in a state of partial asphyxia—the breathing was extremely difficult, and of that peculiar character which at once led Dr. M. to say that there was some extraneous body in the larynx or trachea. The Doctor did not deem the symptoms sufficiently urgent to justify the immediate performance of an operation; he made repeated visits at brief intervals, however, until thirty-one hours had elapsed, when he considered that the case had reached a point which imperatively demanded the performance of the operation of tracheotomy—this was about 10 o'clock, P. M., on the succeeding day, and the operation was of course performed by candle light. After the external incision, which was cautiously made, the veins on the upper part of the trachea and the thyreoidal veins were seen enormously enlarged, the latter being nearly as large as the end of the little finger, from the impeded circulation, occasioned by the violent spasmodic action of the muscles. An incision was then made through the cricoid cartilage and three or four rings of the trachea, in the course of which a very small artery was divided; the completion of the operation was delayed until the hæmorrhage from this small vessel ceased; which it soon did after being carefully sponged. The larynx was then opened, and a common shawl-pin of the size and length represented in the annexed engraving was extracted. The pin lay obliquely across the larynx with the head downwards, and had thus remained during thirty-two hours.



For upwards of two days there were strong "croupy" symptoms, but the case ultimately turned out remarkably well.

Case of Elephantiasis.

FROM THE EDITOR'S NOTE BOOK.

J. McD., æt. 36, a farm servant; right hand is enormously enlarged, and bears some resemblance to an elephant's foot; it measures eight inches in breadth from the little finger across the dorsum of the hand to the thumb, and is upwards of fifteen inches in circumference, each finger measures four inches in circumference, with exception of little finger; the swelling is generally confined to the hand and wrist, but extends in some degree as far as the elbow; from the elbow to the shoulder joint the arm is completely shrivelled, and does not measure in circumference more than three inches immediately below the insertion of the pectoralis muscle. The integuments are extremely hard, and of a reddish color, on the shoulder and along the arm. On the back of hand and fingers the skin is tuberculated, and thrown into thick folds; in some places it resembles "shagreen," in roughness. On the inner surface of fingers and palm of the hand, skin is of natural firmness, but is insensible to the touch; the whole arm and hand are equally destitute of sensation on their external surface, but he is frequently troubled with acute pain in the wrist. A thin sanious discharge exudes from the space between the fingers, and from small superficial ulcers on the back of the hand. Large veins are seen ramifying on the arm, and there is a large varicose branch on the inner margin of the biceps. Motion at shoulder joint is imperfect, and patient is utterly unable to raise or bend the arm without assistance. The skin has a "puckered" appearance at the top of the shoulder, and the integuments covering the scapula are mottled with whitish spots. General health is pretty good. Pulse natural. Other parts of body well formed and well conditioned. Affection of arm commenced fifteen years ago, without assignable cause, at the shoulder, which became swollen, painful, and tuberculated. The swelling afterwards spread along the arm, and about seven years ago the hand became affected.

The arm was amputated at the insertion of the deltoid muscle—the curious stump healed rapidly, and when last heard from (three years after) the subject of the operation was enjoying good health, and no manifestation of returning disease had appeared.

Nitrate of Silver for the Stoppage of Hæmorrhage after Extraction of Teeth.

Mr. Ray has published a case in the London Lancet. Upon placing the patient, with a slight inclination backwards, she immediately choked, and it being night, and in the upper jaw near the throat, I had much trouble in obtaining a view of the situation of the hæmorrhage, which flowed as freely, with the pressure of my finger in the socket, as with the addition of small pledgets of lint, steeped in a saturated solution of alum. After an ineffectual trial of these means, I took a stick of nitrate of silver, rounded at the extremity, and firmly forcing it to the bottom of the cavity, allowed it to remain a few seconds in this situation; very little pain was expressed, and, upon its withdrawal, I was gratified in finding a complete cessation of the hæmorrhage. The mouth was kept open with a cork, for about half an hour, to admit air freely, and ensure the preservation of the clot, which might have been disturbed or removed by suction; she then took forty minims of opium and a teaspoonful of compound spirit of ammonia, and afterwards rested five or six hours. With the exception of an unpleasant *cuprous* flavor communicated to all nourishment for the next few days, nothing was complained of but extreme exhaustion, which was many months in disappearing.

The Tinctura Ferri Sesquichloridi in Discharges of Blood from the Urethra.

Mr. Clay, of Manchester, has contributed some observations on this subject to the London Lancet. He says:—In all cases where great discharges of blood have taken place by the urethra, it is generally remarked that the quantity of urine is small; and this is a strong presumptive proof that the disease is seated in the secreting organs, and not in the bladder: under such circumstances we can hope for no advantage by local applications to the inner surface of the bladder; it must be evident, our only advantage is by constitutional treatment, assisted by local applications over the region of the kidneys. In a case that he relates, Mr. Clay prescribed with the happiest effect:—

Tincture of muriate of iron, ʒj.; *tincture of opium*, ʒiss.; *infusion of Iceland moss*, *infusion of gentian*, of each ʒiv. Let an ounce be taken every four hours.

Mr. Clay adds:—Occasionally I have obtained relief from blisters and tartar emetic plaster over the region of the kidneys; but, except in recent cases, and of no great extent, I have not found them of permanent benefit; on the contrary, few cases have withstood the tinct. fer. mur. The number of cases I have seen relieved and cured by it, warrants the conclusion, that the disease is generally in the kidneys, and must therefore be attacked through the constitution.

New kind of Catheter.

Mr. Foulkes, of Liverpool, has brought this forward. It is to obviate the necessity of using different sized instruments in cases of spasmodic or permanent stricture of the urethra: or rather to prevent the necessity of withdrawing the one first used when too large, and substituting smaller ones. The instruments are all made of flexible gum. The outer or largest catheter or case contains a smaller one; both these are tipped with silver—within these there is a still smaller one, round as a common catheter with an aperture at the side for the escape of urine; they all slide one within the other. The smaller one can be advanced through the contracted part, if the larger one is prevented passing. It is something the same as if we passed a catheter down to the stricture, and when not able to pass it further we advanced the stilette of the catheter through an opening at the end of the catheter and through the stricture. The whole, when put together, forms a sufficiently round point to protect the urethra from injury.

FROM THE LONDON LANCET.

Case of Fungus Hæmatodes, Cured principally by Ligature.

BY CHARLES CLAY, ESQ., SURGEON, MANCHESTER.

Hugh Carleton, æt. 60, of China lane, Manchester, applied to me for relief under the following circumstances:—Nearly two years ago he was engaged in fixing some iron piping five or six feet from the ground, when the end fell down and struck the nipple of his right breast a severe blow. As the painful sensation was soon over, he thought little of it; but in a few days a swelling, the size of an egg, appeared, with considerable pain. He applied to a surgeon, who plunged a lancet in it, and a quantity of almost colorless liquid was evacuated; contrary to expectation, the tumor did not subside, but from that time to the period of his consulting me, it rapidly increased, and when I first saw it, its probable weight was near three pounds, highly vascular over its whole surface, extremely painful, and attended with profuse hæmorrhage on the slightest exertion. In consequence of the latter, the patient was reduced to the last stage of debility. The circumference of the tumor round its base was about twelve inches, and at its apex about fifteen, and stood out from the chest at least eight inches. The whole of the upper surface of the mass appeared as full of vessels as a placenta. The constant danger from hæmorrhage rendered it imperatively necessary that something should be done, whilst its situation and vascularity condemned any attempt at extirpation by the knife; for the present I simply applied common dressings of lint, wet with astringent lotion, and advised the patient to be very quiet, being determined to watch the case closely, and act as future circumstances rendered necessary. I was not kept long in suspense; I was hastily called to visit him on the 12th of July last, and found life all but extinct from hæmorrhage. I instantly passed a strong ligature round the neck at the base of the tumor, and drew it very tight. I had the greatest possible difficulty in restoring my patient to animation, and for three days he lay in an almost hopeless state, from extreme exhaustion, and the excruciating pain of the ligature. On the 16th, I passed a second ligature round the base, and afterwards cut away the first. This was attended with great pain, and required powerful opiates to obtain some little mitigation of suffering. My patient now had frequent fits of delirium; his appetite entirely left him, and he appeared rapidly sinking. I felt doubtful as to proceeding, but as the case offered no further prospects on desisting than proceeding, I determined to go on with the ligatures, particularly as the patient in his lucid intervals desired it. I therefore renewed the ligature every third day, and found it was rapidly cutting through the base, leaving a healthy surface behind. From the first application of ligature no hæmorrhage had occurred.

July 27. The parts now uncut by the ligature appeared less vascular than those cut through, and in great apprehension of my patient sinking from exhaustion, and the severe pain attendant on every new ligature, I concluded to cut it entirely away by the scalpel, which the poor man willingly consented to. A healthy looking sore now presented itself, which, from the excessive debility prevailing, was extremely slow in healing.

I have now, Sept. 20, dressed it for the last time. No appearance of fungus, and the man is quite well, excepting debility, which is daily giving way to a generous diet and tonic medicines, which is considerably more than I ever anticipated from the severe nature of the case, its situation, and the advanced age of the individual; but it serves to show what perseverance and determination will effect. In this case the conduct of the patient was beyond all praise; there are few, indeed, who would have suffered so many renewals of agonizing pain.

It is more than probable that many cases of this formidable disease might be treated successfully by ligature, as it is my opinion, in many circumscribed cases, the diseased mass is not so deeply connected with the system as to be pronounced hopeless. Few cases bore a worse or more unpromising appearance than the one here quoted, and yet it has been obliterated by local means. In such cases, where frequent hæmorrhage is a prominent feature, I should not hesitate to apply the ligature for a few days; then, when the parts included were sufficiently deadened, I would cut through them. My first intention, in the case here given, was to use a silver wire ligature, with a running noose, that could be tightened daily without removing; but I soon abandoned that idea, because I found it was a ligature for pressing more than cutting that is required for the first few days: when the mass included is sufficiently dead, a silver wire might be used as cutting more freely; but at this stage, to save the patient's suffering, I should prefer the knife. The ligature I made use of was a piece of strong greased tape.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

The British Medical Association held its Fourth Anniversary meeting, in London, on the 21st of October last. The objects of this association are the organization of the legally qualified members of the profession throughout Great Britain and Ireland, with one faculty with a representative council—the attainment of uniformity of qualification—the removal of professional grievances—the reform of existing medical corporations—and the formation of a benevolent fund. The association is thus founded on true republican principles, and it has in the short period of its existence done much towards effecting the important objects we have named. From a statement given by the President of the association, Dr. Webster, it would appear that the sale of quack medicines is on the decline in Great Britain—from 1830 to 1835 the average duty paid to Government on quack medicines was £41,000; but during the last five years it has been about £31,000 a year, being a falling off of £10,000 per annum.

The Council of the London College of Surgeons have lately passed an act of recognition of the Provincial Schools.

Dr. Balfour occupies the chair of Botany in the University of Glasgow, formerly held by the late Sir Wm Jackson Hooker. Dr. Harry Rainy, formerly lecturer on the Institute of Medicines, in the same university, has been appointed to the Regius Professorship of Medical Jurisprudence, vacant by the death of Dr. Cowan; Dr. Buchanan takes Dr. Rainy's place. Dr. Robert Dundas Thomson, late of London, is now associated with Dr. Thomson, the distinguished Professor of Chemistry in the same Institution.

Royal College of Surgeons in London.—The Council proposing to publish, in the course of the ensuing year, a volume, to be entitled "Transactions of the Royal College of Surgeons in London," invite, from the members of the college and other scientific persons, communications relating to the improvement of anatomical and surgical science. The subjects proposed to be included in this publication are specified in the following extract from the Ordinances of the College:—"The Transactions shall consist of Original Communications on Surgical subjects; Collegial and Jacksonian Prize Dissertations, deemed of sufficient originality and merit; Original Memoirs on Human Anatomy; Original Memoirs on Comparative Anatomy; Anatomical Monographs of rare Animals, dissected in the Museum of the College; Explanations of, and Commentaries on, important Preparations in the Museum, with illustrative Plates; Statistical Reports from Hospitals."

It is requested that papers intended for publication in this volume may be transmitted to the President at the college, on or before the 1st of May, 1842.

FROM THE LONDON LANCET.

Origin of British Medical Societies.

The Royal Society, the parent of all other similar bodies, was originated about 1645, in the weekly meetings of a few men of science, sometimes in Dr. Goddard's lodgings in Wood street, sometimes at a convenient place in Cheapside, and sometimes in or near Gresham College, and seemed to be the one mentioned by Mr. Boyle as the "visible and philosophical society."

About 1648-49, the company who formed these meetings divided, part removing to Oxford, where they assembled at different places, and among others at the lodgings of the Hon. Robert Boyle, while those in London continued to meet as before. About 1659, the greater part of the Oxford Society returned to London; and the two branches again reunited, and held their meetings at Gresham College. Upon the restoration in 1660, the meetings were revived, and attended by a large concourse of persons "eminent for their character and learning." They became noticed by the king, and were erected, April 22, 1663, into a corporation, consisting of a president, council, and fellows, for promoting natural knowledge. This one society included all branches of science; but with the rapid extension of knowledge, various offshoots appeared in the form of societies appropriated to the particular sciences. Among the early, if not the earliest of these, arose societies devoted to the exclusive cultivation of medicine and surgery. The oldest of these, it is believed, in London, was the Society of Physicians, established in 1752, to which Dr. William Hunter was elected in 1756. It consisted exclusively of licentiates of the College of Physicians. The volumes of its transactions were well known. The next in order of time, was the Physical Society of Guy's Hospital, which was established 1771; and nearly about the same time, and in one year, 1773, arose the Medical Society of London, formed by Dr. Lettsom; and the Lyceum Medicum Londinense, by John Hunter and Dr. Fordyce. The former held its meetings in Crane Court until 1778, when it removed to Bolt Court, where it still meets in a house presented to the society by Dr. Lettsom. The latter met in Dr. Hunter's Museum, then situated between Castle street and the east side of Leicester Square. The same distinguished men founded the "Society for promoting Medical and Chirurgical Knowledge" in 1783, which held its meetings for more than twenty years, and finally concurred with the Lyceum Medicum Londinense in the forming of the Westminster Medical Society in 1809, and which had met successively in the Hunterian Theatre, Great Windmill street, erected by Dr. William Hunter after the refusal of the Government of the day to grant a site for the erection and endowment of an anatomical museum; in Great Marlborough street, in Sackville street, again in Great Wind mill street, and lately in Exeter Hall.

The Medico-Chirurgical, an offshoot of the London Medical Society, had received a royal charter, but it was preceded in this privilege by the Royal Medical Society of Edinburgh in 1778: a society, probably, established and coeval with the existence of that univessity as a school of medicine.

Medical societies were not rivals, except in that generous rivalry and emulation of desiring to be of the greatest service to the profession and the public. The greatest men had submitted many of their productions to the criticism of societies before they published them. This was the case with Dr. William Hunter in medicine, John Hunter in surgery, Mackenzie in literature, and Dugald Stewart in philosophy. None need be ashamed of following in the footsteps of these illustrious men. The introduction of a paper before a society, might be considered as somewhat similar to what Rousseau had said of the first edition of a new work, that "it was merely circulating the proofsheets among his friends in order to undergo their criticism and revision."

False Conclusions in Therapeutics.

In his Introductory Lecture at the opening of the present session at the University College, London, Dr. John Taylor remarks:—

"In estimating the influence of remedies, we must be well able to identify diseases: how many persons have been reported cured of consumption who had suffered only from bronchitis, or some other disease. Suppose a person, when pathology was less understood, to have undertaken a series of researches upon the treatment of dropsy, jaundice, or paralysis, what heterogeneous objects would have been classed under the same name—dropsy from disease of the heart, of the lungs, of the kidneys, of the liver, spleen, peritoneum, &c. &c.; into what absurd conclusions would he not be led: yet our knowledge of pathology and diagnosis are still far too imperfect to secure us against similar mistakes. A most striking example of a false conclusion in therapeutics, chiefly consequent upon a wrong diagnosis, and in a disease usually very easily recognized, is given by M. Chomel. The common holly having been much praised as a remedy for intermittent fever, M. Chomel determined to make trial of it in the clinical wards of the Hospital La Charité. Accordingly he requested the officers of the Bureau Central, an establishment where nearly all the patients are admitted into the Parisian hospitals, to send him some cases of that disease. Twenty-two cases were, in consequence directed to him. After their admission he purposely abstained from all treatment for several days, in order to assure himself of the correctness of the diagnosis, and to ascertain that the paroxysms were neither suspended nor diminished by the altered circumstances of the patients. He found that of the twenty-two, seven never had another paroxysm, four had paroxysms of decreasing intensity, and eight had nothing but symptomatic paroxysms, connected with slight inflammation of the mucous membranes, which yielded to simple antiphlogistic remedies: three only were fit subjects for experiments, viz., had essential intermittent fever, preserving all its intensity in the three or four paroxysms following their admission. The remedy was given to these, at first, in the dose recommended; the quantity was then doubled, quadrupled, and octupled, without any appreciable effect. The sulphate of quinine was then given in the ordinary way, and the paroxysms were immediately stopped. If from the day of admission, M. Chomel remarks, the remedy had been given to all, or even only to the fourteen who had essential intermittent fever, he would have concluded that it had cured nineteen in twenty-two, or at least eleven in fourteen, and would have regarded the remaining three cases, the only ones proper to test the remedies, as exceptionable ones."

Improved Apparatus for the Treatment of Spinal Curvatures.

We have been favored with an opportunity of inspecting a new and very much improved apparatus for the treatment of curvatures of the spine, the invention of Dr. Richard S. Kissam, of this city—a gentleman who has been very successful in introducing some important improvements in several surgical instruments. This apparatus is constructed on perfectly philosophical principles—is easily understood and managed—and has many advantages not possessed by the various kinds of apparatus at present in use. In our next, we will give a full description of Dr. Kissam's apparatus, accompanying it with an engraving, without which a correct idea of the apparatus could not be easily conveyed.

We may, ***en passant***, remark, that we have secured the services of one of the most promising young artists in this country, who will frequently furnish us with lithographic illustrations of pathological preparations, new instruments, &c. We mean to spare no expense in the management of our journal, which we publish on such terms as place it within the reach of every practitioner and student from one end of the Union to the other.

Reports of Lectures.

In our third number we will commence the publication of a short series of lectures on the Surgical Anatomy of Hernia, by Professor Pattison; and on the completion of that series, we will commence another, on the pathology and treatment of Diseases of the Medulla Spinalis, to be delivered by Professor Revere. Dr. Mott's entire course will be completed in our first volume. We intend making such arrangements as will enable us to give full and accurate reports of lectures at several of the schools throughout the country. The public will thus have an opportunity of judging of the comparative merits of the professors in our medical institutions.

To Correspondents.

We shall be happy to hear often from "A Friend" in Philadelphia.

"One out of many Inquirers" will, we hope, find his question satisfactorily answered in our present number.

We differ from "A Friend and Admirer of the late Dr. Bushe," only in thinking it best to let the matter drop.

"A Student" is informed that we will always endeavor to promote the best interests of the important class to which he belongs—but, "deeds, not words."

To "Crito" we say, as was tenderly said to a youngster of old—"Tarry at Jericho till thy beard be grown!"

A "Dr. Feuchtwanger"—we think that's the cognomen—writes us respecting a new mode of preserving anatomical and pathological preparations, which we will notice in our next.

We thank "Observer" for his friendly communication. In reply we beg to say, that we are on excellent terms with the gentleman who writes the reports of the *Clinique* for the ***Herald;*** indeed, we believe there is no one of our acquaintance whom we know so intimately. We will venture to say for him that he has both the ability and will to chastise, if need be, the authors of any malevolent insinuations about the reports, however contemptible the miserable creatures may be.

Professor Bedford's interesting lecture is unavoidably postponed, in consequence of the engravings designed to accompany it not being finished.

☞ We have received a caustic and humorous review of Dr. Gibson's celebrated lecture, which came too late for insertion in the present number.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, from the 18th to the 25th day of December, 1841.

33 Men, 38 Women, 57 Boys, 31 Girls. Total, 159.

DISEASES.

Apoplexy	4	Hip Disease	0
Asthma	0	Intemperance	1
Asphyxia	0	Inflammation	0
Abscess	0	Of liver	0
Bleeding	0	Of womb	0
Bleeding from stomach	0	Of brain	6
Bleeding from lungs	1	Of stomach	1
Burned or scalded	1	Of chest	8
Casualties	1	Of lungs	18
Cholera infantum	0	Of bowels	4
Cholera morbus	0	Of throat	0
Cancer	1	Jaundice	0
Colic	0	Killed or murdered	0
Consumption	38	Locked-jaw	0
Convulsions	10	Lues Venera	0
Croup or hives	4	Mortification	1
Debility	0	Malformation	1
Delirium tremens	1	Marasmus	7
Diabetes	0	Measles	1
Diarrhœa	3	Old age	1
Death from poison	0	Organic disease of heart	4
Dropsy	4	Palsy	3
Dropsy in head	5	Rheumatism	0
Dropsy in the chest	0	Spinal disease	0
Drowned	0	Scirrhus	0
Dysentesy	3	Suicide	2
Erysipelas	3	Sprue	0
Epilepsy	0	Small-pox	6
Fever	0	Scrofula	0
Scarlet	11	Teething	2
Typhoid	7	Tumor	0
Puerperal	0	Unknown	1
Remittent	3	Ulceration of throat	0
Bilious	0	Ulcers	2
Inflammatory	0	Varioloid	1
Intermittent	0	Whooping cough	2
Gravel	1	Worms	0

AGES.

Of 1 year and under, 32; between 1 and 2, 12; 2 and 5, 25; 5 and 10, 10; 10 and 20, 5; 20 and 30, 21; 30 and 40, 23; 40 and 50, 11; 50 and 60, 11; 60 and 70, 4; 70 and 80, 4; 80 and 90, 2; 90 and 100, 0; 100 and upwards, 0; unknown, 0

William A. Walters, City Inspector.

City Inspector's Office, Dec. 25, 1841.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, JANUARY 8, 1842. No. 2.

REVIEW DEPARTMENT.

Professor Mott's Lectures on Surgery.--No. II.

Lecture V.

In commencing this lecture, the professor said that he had just one word to add, with reference to the bloody tumor of the scalp, with which he concluded the preceding lecture. If absorption is slow, and the tumor continues for several weeks, it will be proper to open it and evacuate the grumous blood which it contains. The sac will then contract, the wound in the integuments will heal, and the tumor will, of course, entirely disappear. This is the only case in which such tumors are to be opened *per se.*

The next affection of the scalp to which the professor adverted, was

CARCINOMA.

We shall have occasion, said he, hereafter to define and describe this affection more particularly. It is sufficient at present to state, without entering into any explanation of the essential nature of this affection, that it is liable to attack the scalp. Such parts as are glandular in their structure, are peculiarly liable to this affection. The scalp is known to abound in glandular formations, and whenever you find a great number of these sebaceous glands, or "follicles" as they are called, carcinoma is likely to occur, especially in old subjects. The peculiar characteristics of carcinoma, when it developes itself here, are the same as in other situations. The only remedy, as a general rule, is the extirpation of the whole affected part. You may indeed, before you do this, try the effect of the common alterative medicines, more especially the preparations of arsenic. Iron, in any of its forms, is not efficacious. I have never seen any medicine exercising beneficial influence in this affection, except arsenic. "Fowler's Solution" is the best form of exhibiting this remedy; you may combine that with the syrup of sarsaparilla, or with a very excellent domestic remedy—the infusion of "dock root," which is a valuable addition to the sarsaparilla or mezereon, for alterative purposes Sometimes this carcinomatous affection invades the *bone*, constituting osteo-carcinomatous disease. I have seen the bone destroyed entirely in this way, making a case altogether beyond the reach of surgery. I once saw a case of this sort in which there was a discharge, not only from the membranes of the brain, but the brain was itself invaded, so that I could almost bury my fist in one of the cavities of the cerebrum, so great had been the devastation. Yet strange to say, this patient's mental faculties were undisturbed. The disease merely exhausted him, as an ulcer in any other situation would have done. He was accustomed to turn his head on one side, and allow the matter to run into a bowl. Another affection which I may name as belonging to the scalp, is,

ADIPOSE SARCOMA, OR "LYPOMA."

This affection occurs in other parts of the body much more frequently than in the scalp. I have, however, seen an instance in the scalp. The lypoma is a tumor always surrounded by a cyst of dense cellular tissue. What is its essential nature? It is a morbid hypertrophy of the bundles of fat, which constitute the adipose structures. I have many specimens taken from various parts of the body. I recollect having taken one from the scalp of a child. The tumor was directly over the anterior fontanelle, which was not closed, and I was surprised when I extirpated it, to find that it was nothing more than a *lypoma;* therefore I put it here as belonging to the scalp. In other situations it sometimes obtains an enormous magnitude. You can readily distinguish lypomatous tumor from all others in this way—render the skin tense and you will perceive a lobular appearance. If not, pass your finger over it, and you will at once feel this lobular character of the tumor. In all places where fat abounds these tumors occur, and attain, as I remarked, a great size. I have known one occurring on the female breast which weighed twelve pounds. I had a female patient affected with a tumor of this description, a number of years ago, and it was so large, that she was actually obliged to sling the breast affected over the opposite shoulder! Such tumors are to be removed from their inconvenience, for they are perfectly harmless in themselves. You must, of course, be very circumspect in removing such tumors, when in the neighborhood of important vessels and nerves; but generally speaking, the excision of an adipose sarcoma, is among the simplest operations in surgery.

There is another and curious affection to which the scalp is subject occasionally, and which, according to the improved nomenclature of tumors, as adopted by the French and others, may be termed, from its great resemblance to the brain,

CEPHALOMA.

I have met with this in the scalp, and when cut into, it looks like cerebral matter. But it is not malignant, from all that is known of it, and so differs from the *medullary* disease, which it only resembles in structure. though it is generally more compact than that structure. I have removed it as I would any other tumor of the scalp. There is another form of tumor occasionally occurring here, and which may be termed

HÆMATOMA,

because it is a bloody looking structure. It is quite different from *fungus hæmatodes*, and anastamosing aneurism. It is perfectly benign in its character, and by exsecting it, the disease is generally removed, and the patient gets well. Next we have an affection of a much more formidable character, and one of a very interesting nature too—I mean

MELANOSIS.

The "melanosis" of Lænnec, and "melanoma" of Dr. Carswell. It was first described by Lænnec, and is a curious condition of an organized texture, and as its name implies, it is of a black appearance. Long ago, Morgagni, Boerhaave, and others, described a black disease as affecting the liver. Indeed, I may here remark, many affections denominated new in our day, are not so, but have only attracted the attention of pathologists recently. Melanosis, then, appears to be a black deposite in certain tissues of the body. Some have thought this a peculiar affection of the filamentous or cellular tissue. Others have thought, and I think with a good deal of propriety, that it occurs as frequently in the adipose tissue. Whether it is a mere secretion, or an organized substance, I am not able to say. Various opinions on this question have been entertained by men of great observation and extensive pathological acquirements. I cannot express any positive opinion on the matter. It is not peculiar to human beings; the horse is subject to have enormous deposites of melanotic matter, posterior to the perineum, where there are great masses of fat.[*] I have known masses of twenty pounds cut from horses. Here are specimens (exhibiting a number of preparations) taken from different parts of the human body. Breschét maintains, that the deposite is altogether inorganic. I can only subjoin my humble opinion, that the vascularity was very great in the parts affected with this disease. The material itself was vascular. Whether the increased flow of blood, is for the purpose of depositing the material, I cannot say. I extirpated the parotid gland of a West Indian gentleman, twelve years ago, on account of an affection of this description. Here is the preparation (exhibiting it to the class). The vascularity, in this case, was very great; every one who has extirpated parotid glands, knows that they are very bloody; but in this case I was astonished at the vascularity in the very first step of the operation. The material itself is so black as to soil the finger and knife.[†] Lænnec says that melanotic tumors are softest in the centre, and hardest in the circumference. This is altogether denied by Andral, and also by Dr. Carswell, of London. You thus see how writers differ, and the controversy, though not very important in itself, yet is interesting, as it evinces the great attention that is now paid to pathology.[‡] When the disease is accessible, the only treatment I know is to extirpate it. If not extirpated, the disease spreads; whether from a deposition either in the general system, or from propagation from the part primarily affected, I cannot determine. I have seen it pervade the system; first affecting the parotid gland, then appearing in the thigh, and then on the scalp; this would serve rather to show that the disease was not propagated by absorption—it would have taken another course as we would imagine. In one case which came from the country, I removed almost the entire scalp; it was a very severe process; literally "scalping" the patient—removing the integuments much more freely, I suppose, than those who "scalp" a great deal more than I do. (A laugh.) It is said, but I am not able to corroborate it by my own experience, that this affection, unless accompanied by carcinoma, never becomes malignant The only safe and proper course, however, is to exsect the part affected. The material of melanosis has been analyzed, and shown to contain a great quantity of carbonaceous matter, which may be supposed, readily enough, from its appearance. The peculiar nature of this disease, may account for the extraordinary circumstance of persons suddenly growing black, which sometimes happens.

Next, gentlemen, we have

ANTHRAX,

or "Carbuncle. This is a peculiar kind of ulceration, accompanied, as its name implies, with a burning heat. Carbuncle occasionally affects the scalp, but it is not so commonly met with there, as in other parts of the body. When it makes its appearance, you will find, on inquiry, that the patient has complained for some days of a burning sensation, accompanied with an almost intolerable itching. The anthrax begins in the form of a small vesicle, and generally, when that is broken, you can observe an aperture extending down into the filamentous tissue, and which looks as if filled with air. There is a great degree of hardness in the surrounding integuments, which have a "brawny" (?) sort of feel, and an erysipelatous inflammation is also present. Carbuncles generally occur in persons of debilitated constitutions. They are rare in private practice. A man must have practised a good many years, to be enabled to say, that he had seen a dozen cases of carbuncle. The redness varies in extent—sometimes it is the size of a saucer; sometimes as large as a dinner dish. Carbuncles occur more frequently on the back, than other parts of the body. The nates, back, neck, head, shoulders and extremities are affected in the order I have named, as to frequency. Carbuncle is very rarely met with on the extremities, though I have known it to occur there. It also occurs, though rarely, on the abdomen. In proportion to their proximity to the head, is the danger of carbuncles—and the reason is this, that the inflammation is apt to spread rapidly in the filamentous tissue, and be transmitted to the brain, through the foramina at the base of the skull. This is a most interesting affection to treat. The early treatment, in particular, is very important; and just in proportion as it has been properly treated at the onset, will be the chances of the patient's rapid and good recovery. What is the proper plan of treatment? It is to apply a blister. This application induces the phlegmonous inflammation and cures the carbuncle. For carbuncle is never attended *per se* by phlegmonous or healthy inflammation. Certainly such an inflammation must be set up in it, or it will not get well. If you do not see the carbuncle in its nascent state, and cannot treat it with a blister, you are to proceed to other practice, and the sooner you adopt it the better for your patient—and that is, to make a number of deep crucial incisions, completely dividing the filamentous structure—not mere superficial incisions of an inch or two in length—they must be five or six inches long. When done quickly, and with a sufficiently keen knife, the pain is comparatively trifling, and a poultice is then to be applied. After the common poultice has been applied for some time, it is proper to use one with which is blended something of a stimulating quality. The poultice I have been in the habit of using, is the "yeast poultice," or effervescing poultice. It is an excellent plan to apply the common mild aqua ammonia, or the balsam of Peru, previously to the application of this poultice. If the constitution be impaired, and the patient tremulous and nervous, as it is called, you must exhibit opiates and general tonics.

After referring to the pestilential anthrax, or the Plague, as described in Russel's work on the Plague of Aleppo, the professor went on to speak of

TUBERCLE,

which was described as a small, extremely hard, circumscribed tumor, of the size of a pea, under the skin, in the filamentous tissue. The pain occasioned by it was excessive. Extirpation was the only mode of treatment.

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[*] The following are the particulars of the analysis by M. Foy, of the melanotic tumor of the horse:—

Albumen	15,00	Muriate of potass	5,00
Fibrine	6,25	" soda	3,75
Carbonized principle	31,40	Carbonate of soda	2,50
Water	18,75	" lime	3,75
Oxide of iron	1,75	" magnesia	1,75
Subphosphate of lime	8,75	Tartar of potass	1,75

Ed.

[†] Although melanic tumors rarely inflame, Messrs. Breschét and Ferres met with ulcerated melanosis several inches in extent, situated in the groin in an old woman at the Salpetrière. This sore discharged a kind of blackish fluid, which stained paper and linen in the same manner as nitrate of silver.—Ed.

[‡] We would refer such of our readers as may desire to obtain a complete view of this interesting subject, to the Fourth Fasciculus of Dr. Carswell's admirable work on pathological anatomy. Dr. C. adopts the generic term *Melanoma* as including "all melanotic formations, black discolorations, or products described by Lænnec and others," but separates them into two great classes—the *true* melanosis, and the *spurious* melanosis. In the first division he includes all the black formations which depend on a modification of the secretory process which gives rise to the natural color of certain parts of the body, that is, all such products as may be regarded as constituting an idiopathic disease; under the second, he ranges all those which originate in the accumulation of a carbonaceous substance introduced into the body from without, in the action of chemical agents on the blood, or in the stagnation of the blood.—Ed.

Lecture VI.

PERICRANITIS.

In consequence of the dense structure of the scalp, which I have already described, inflammation here is always accompanied with great pain. The species of pericranitis of which I now intend to speak, is that which is connected with specific disease in the system, producing what is called the *corona veneris*—or that garland of love which is not much to be envied. (A laugh.) The bone, in such cases, becomes seriously affected. How can this affection be distinguished from pericranitis from other causes? All enlargements of the bones of the skull, are not necessarily from a specific cause. You know specific pericranitis from the periodical occurrence of the pain, which is an unfailing and peculiar characteristic. This affection has frequently been ascribed to the use of mercury, but I do not agree with all that the anti-mercurialists have said on that subject. You may indeed render the system extremely irritable and debilitated—but who ever heard of mercury producing pox in any body? (A laugh.) You never saw caries of the bone produced by mercury *per se*. But if given to excess, no doubt all the symptoms, both primary and secondary, will be greatly aggravated. And sometimes practitioners get a great deal of credit for curing diseases of this sort, by merely judiciously stopping the mercury ordered by others. who administered it in excess. Under the care of practitioner A. the patient gets worse and worse; well, practitioner B. finds that too much mercury has been given, and he says, "stop this!"—the patient gets better, and Dr. B. gets all the credit, though perhaps not a whit wiser than the other. You may rely on it, then, that when this affection is marked by periodical pains, there is some condition of the system that requires your careful attention; and if mercury be used, you must order its discontinuance. Exhibit the hydriodate of potass, and other preparations of iodine, which are wonderfully efficacious in such cases, not perhaps from any specific effect they produce, but from their tonic properties. Cover the affected part with the diachlon plaster; and if they be very painful, apply a blister. Those "eburnoid" tumors which we sometimes observe, are merely exostoses, and not serious unless they attain considerable size.

There is another affection of the scalp I have met with, and which I have termed

TRAUMATIC NEURALGIA.

By and bye I shall have occasion to divide this subject, as, I believe, it ought to be divided; and dwell more at length on its causes, nature, and treatment. This species of it occurs on the scalp, and a most formidable affection it is. It does not occur, however, so frequently here as in some other situations, where it results evidently from a delicate fibrilla of nerve which shall have been included in a cicatrix, as for example, after venesection or amputation. The case of the Marquis of Anglesea is an illustration of the occurrence of this disease after amputation. The treatment in such cases is, of course, perfectly clear; it consists in the entire exsection of the cicatrix, but alas! that does not always effect a cure in cases where stumps are so affected. [The professor did not speak any further on the disease as affecting the scalp.] The last affection he adverted to was

HORNY EXCRESCENCES

on the scalp. The occurrence of abnormal growths, resembling the horns of animals, and attaining enormous dimensions, was by no means uncommon. When in Paris, the professor saw a "horn" eight inches long, which was removed from the forehead of a female. Females, said the professor, are more apt to become "horny" in this way than men. (A laugh.) Such excrescences were, of course, to be removed by excision.

The professor made a passing allusion to EPIZOOTIC CARBUNCLE; and then proceeded to speak of

INJURIES OF THE CRANIUM AND BRAIN.

This division embraced, it was very properly remarked, a great variety of topics of the most absorbing interest to the surgeon. To you, gentlemen, who are to be working men—not professional amateurs, or confined to the departments of practice that are said to belong more strictly to the province of the physician, this great subject presents itself in a most imposing aspect, and demands your earnest and most thoughtful attention. I shall endeavor to unfold it to you with patience and distinctness, and I trust you do not require any admonition as to the manner in which you should follow me throughout every step of our investigations. (Applause.) The professor then demonstrated with great clearness the relative and surgical anatomy of the cranium, and the investing membranes and sinuses of the brain; but that portion of the lecture we omit for obvious reasons, and proceed to

Lecture VII.

Whenever the brain has received any considerable injury, the following symptons generally present themselves: loss of sense and voluntary motion—nausea and vomiting—bleeding from the nose and ears, and vomiting of blood—laborious and "stertorous" breathing—great irregularity of pulse attends such accidents,—it may be little affected, or very much depressed, or intermittent,—and it of course does not furnish any infallible criterion of the nature or extent of the injury. We will now proceed to speak of

CONCUSSION.

Allow me *in limine* to remark, that we may have a concussion of the brain without any injury *ab externo*—without the head having been struck at all. A person in falling from a height on other parts of the body, on the nates, for example, may have serious concussion of the brain. The symptoms of concussion, generally speaking, exhibit themselves *immediately after* the reception of the injury. I wish you to understand that I state this emphatically. There is nausea and vomiting, and the patient generally lies in a sort of stupor, apparently a quiet and tranquil sleep, the breathing not having any thing of the character which it assumes in cases of compression. The number of respirations in the minute is about natural,—there is little or no change of pulse,—there is perhaps no altered condition whatever of the eye, the pupil appears natural. But although, gentlemen, from this plain, straight-forward narration of symptoms, it may seem an easy matter to pronounce at once on a case of this kind, I assure you it is often found a very different thing in practice. The truth is, that often symptoms are so inexplicably mingled, that the most correct practised skill will fail in forming an accurate diagnosis. Cases wrapt up in the greatest obscurity, and in which you cannot obtain any information from the only person who could in any degree contribute to their elucidation, will present themselves to you often in the course of your professional career. And here let me say, how unjust and cruel it is, for persons to ascribe to alleged ignorance on the part of the practitioner, that which really results from the dark nature of the case itself, and which no skill or acumen could enlighten! For example, you may have compound cases—cases in which, from extravasation of blood following the concussion, you may have the symptoms of compression mixed up with the primary symptoms indicative of concussion. In such cases you must make diligent inquiry into the history of the case, and if you discover that the first symptoms were those of concussion, followed by those of compression, then you have a clue to the nature of the case, and can say that there is extravasation of blood; and the longer the interval between the occurrence of the different symptoms, the more certain may be your prognosis. Some practitioners have supposed that an analogy exists between the state of concussion of the brain and syncope; and this has originated a practice, which may sometimes be very pernicious, although I do not regard it so pernicious as some are disposed to pronounce it. The practice to which I allude, then, is the administration of stimulants whilst the patient is in a state of insensibility. Concussion may be divided into three stages:—

First, that of entire insensibility.

Second, when the patient begins to recover a little from this state of collapse as it were.

Third, when symptoms of inflammatory action in the brain make their appearance.

Now following this division we will proceed to speak of the treatment.

As I said in anticipation, I do not believe that as much injury results from giving stimulants in the first stage, as some assert who are violently opposed to the stimulating treatment. You may administer some gentle stimulant in order to satisfy the uneasiness of parents and friends, who are, of course, exceedingly anxious that the doctor should do something. But the truth is, gentlemen, that in those cases the patient cannot swallow, and it is little matter what you attempt to give. You may apply warm fomentations to the feet, and stimulating substances to the temple and nostrils, and so appear at least to be doing something, whilst you patiently wait till the brain recovers from the shock. But one thing, gentlemen, let me tell you, never be moved by the hue and cry of the bystanders, of "Bleed the patient—bleed the patient!" If the experience of forty years is worth any thing at all, let it warn you against so dangerous and foolish a practice as that. If you do, you will rob the brain of that fluid which is to restore it. Never, never bleed a patient in concussion, till after reaction. But then when the action of the heart and arteries is somewhat restored, and the brain begins to recover from the shock it has received, you may bleed with a view to prevent the occurrence of inflammation. For the case now is marching on to the third stage, and an inflammatory action may be very readily induced. And the degree to which bleeding is carried in this country, is admirably calculated to arrest inflammatory action. We bleed to a much greater extent here than is customary in England. The quantity of blood that may be taken in these cases with good effect, is really remarkable. We often take one hundred ounces of blood in the twenty-four hours. But of course you must be entirely guided by the nature of the case, in determining the proper extent to which the bleeding is to be carried. In France, they would look with the greatest surprise on such bleedings. But even there they are beginning to see the propriety of such practice. Sinapisms and blisters may then be resorted to, for the purpose of producing a 'revulsion,' as it is termed. But the chief attention is to be directed to the alimentary canal. Active purgatives are to be given, so as to produce a powerful effect on the abdominal viscera. An excellent formula is the following:—

℞ Sulph: magnesiæ ℥i.
Infus: rosarum ℥viii.
Acid: sulph: dilut: gtt. xx.
Fiat mistura.

This is an excellent mixture—infinitely more agreeable than the horrid black dose of Abernethy—and will, at all events, make a very good case for the apothecary! (A laugh.)

Professor Velpeau's Clinical Lectures.--No. II.

HYDROCELE.

In treating this subject, M. Velpeau divides hydrocele into acute and chronic. The acute form, "which is little spoken of by authors, though of sufficiently frequent occurrence," is caused by the same accidents that produce orchitis, of which it is almost a constant accompaniment, more especially of that variety of orchitis arising from discharges from the urethra. M. Velpeau combats the opinion of M. Rochoux, who affirms that acute hydrocele forms almost the entire swelling and disease in "gonorrhœal orchitis." M. Velpeau affirms that usually only a fourth or sixth of the bulk of the tumor is caused by the effusion into the tunica vaginalis, and he considers that the soft spongy feel that the enlarged testicle communicates, has been mistaken for the effused fluid. He gives rules for distinguishing the two varieties; but as we cannot commend them for clearness or precision, we shall pass them over. The treatment of acute hydrocele is the same as that for common orchitis, with addition of the evacuation of the fluid in the former, which M. Velpeau occasionally employs. It is chiefly on this account that it is important to detect the complication of this acute hydrocele in orchitis, the symptoms being much relieved by puncture of the tumor. M. Velpeau at first performed this operation merely with the view of detecting the presence of fluid; but finding always where fluid, in however small a quantity, escaped, that the patient was relieved, he adopted the puncture as a regular mode of practice in such cases, and with great benefit. The puncture is made with the point of the lancet, gives immediate relief, and accelerates the cure where only the smallest quantity of fluid (or even, it is said, none at all) escapes.

M. Velpeau considers at great length the causes and treatment of chronic hydrocele. He has observed in many cases small cysts developed in the tunica albuginea, or on the surface of the testicle or epididymis. Sir B. Brodie had already described a species of encysted hydrocele, developed between the visceral layer of the tunica vaginalis and the tunica albuginea. The observation of M. Velpeau confirms that of Sir B. Brodie, the only difference between them being that the cyst observed by the latter, was large and single, and those by M. Velpeau, small and more numerous.

For the radical cure of hydrocele, M. Velpeau considers none of the numerous methods that have been used by surgeons, so fitting as that of injection of the cavity. But he himself recommends incision of the sac, in cases where the contained fluid is thick, or where the coats of the tunica vaginalis are so hard, thick, and solid that injection of the sac will fail to cure the disease; and in cases where the sac has degenerated into a stony or osteo-calcareous shell, or into lardaceous matter, he recommends excision. In the radical cure of hydrocele, M. Velpeau has been in the habit of using an injection of tincture of iodine, instead of wine or other stimulants, and he considers it to have the following advantages:—a small quantity only is required, half an ounce to an ounce; it produces no ill consequences, even if allowed to remain in the sac; it does not cause any serious injury, if injected into the cellular tissues; and lastly, it is almost uniformly successful. The cure is also more prompt, being effected in eight, ten, or twenty days. If there be swelling of the testicle, this also is frequently cured by the injection; and in cases where the swelling appears uninfluenced by the operation, M. Velpeau has found that at the end of five or six months, it has entirely disappeared. The proportion of iodine used by the professor, is two or three drachms of the tincture to an ounce of water; he has even used the pure tincture without any bad consequences: he considers that the reason why M. Fricke, of Hamburg, has failed in his operations, is, that he has not made use of a sufficiently strong injection. M. Velpeau, reasoning from the relief afforded to the cases of acute hydrocele, by puncture of the tunica vaginalis, has employed this means also after injection with the iodine solution, and has found that the tumor has been thereby much more rapidly discussed. One of the most eminent hospital surgeons of London, has for some time been in the habit of using the iodine solution in the radical cure of hydrocele, and he has the same opinions of its efficacy as M. Velpeau. It is necessary to prepare the solution of iodine with the hydriodate of potass. In congenital hydrocele, M. Velpeau recommends the iodine injection, while at the same time pressure is made on the inguinal canal.

GONORRHŒA.

In the treatment of this disease, M. Velpeau has tried the effect of iodine, balsam of storax, and gunpowder, each of which remedies has been recommended by some surgeons, and he finds these therapeutical agents useless. He discusses the respective merits of copaiba and cubebs. Patients do not suffer so much from the exhibition of the latter as of the former, and the tone of the stomach is sometimes, to a certain degree, improved by the cubebs: but the combination of these two medicines, in the proportion of one part of copaiba to two of cubebs, produce the most beneficial results. This form of medicine has been recommended by Mr. Liston, in the last edition of the Elements of Surgery. M. Velpeau believes that the rheumatism, which has been said to be caused by copaiba, is more probably induced by the disease for which it is administered. The rash produced by this medicine is of no consequence. Besides these specific remedies, M. Velpeau recommends in acute cases, general bloodletting and leeches to the perineum; and where there is much thickening of the urethra, he has found friction with mercurial ointment of great benefit. The application of small blisters from the anus to the scrotum, as recommended by Mr. Poirson, has been occasionally useful in cases of old standing. In the local treatment of this disease, M. Velpeau considers the objections to injections absurd; the abuse only, and not the use of these remedies, is to be condemned. Sulphate of zinc is, in the opinion of the professor, of no use in recent cases of discharge from the urethra. In gonorrhœa of old standing, or in gleets, in very small doses its effects are beneficial; one grain to an ounce of water is the proper proportion. Nitrate of mercury has also been recommended, but is far inferior to nitrate of silver, combined with compression of the urethra. The injection should contain one grain of the salt in every ounce of water, and is used at the same time that the cubebs and copaiba are exhibited internally in the early stages of gonorrhœa. The injection should not be continued longer than three days, (about three times a day,) lest it produce a fresh irritation in the urethra. This canal should be kept constantly compressed, by means of small graduated compresses, dipped in starch, applied from the bulb to the fossa navicularis, and retained by means of a bandage.

ARTIFICIAL ANUS.

The researches of Dupuytren and his subsequent excellent explanation of the causes, pathology, and treatment of artificial anus, would lead us to suppose that this subject would afford but a barren field for fresh research.

"Yet," says M. Velpeau, "in this, as in many other instances, surgery is far from having arrived at perfection. The adherence of the intestine to the neck of the sac, is often less intimate than Scarpa supposed. The membranous investment is often wanting. The adhesive inflammation is not always set up on the application of the *enterotome*, and sometimes it is almost impossible not to embrace between the teeth of this instrument a portion of some important organ at the same time with the spur-like process; lastly, artificial anus and fecal fistulæ, persist for an indefinite period, in spite of the destruction or absence of any spur-like process between the ends of the intestine."

M. Velpeau instances cases of artificial anus in which post-mortem examinations have made good these assertions. In the first case the patient died twelve days after the operation for strangulated hernia. The intestine was found so little adherent to the neck of the sac, that the slightest force was sufficient to separate them, and any artificial interference would have been followed, most probably, by effusion into the abdomen. In the second case, the enterotome had been applied, but very little adhesive inflammation had followed its application, not sufficient to prevent effusion of fecal matter into the cavity of the abdomen, which was the cause of death. In the third case the infundibuliform space between the two ends of intestine, was occupied by a coil of intestine, so that the application of the enterotome would inevitably have embraced and opened this portion of bowel, as well as the spur-like process itself. M. Velpeau describes these as the chief difficulties the surgeon will have to contend with, in the treatment of artificial anus, and they explain the non-success that is met with in many of these cases: moreover fecal fistulæ will persist after the destruction of the spur-like process, or when no such partition between the ends of the intestine ever existed. This may take place in two ways:—

"1st. An ulcer commencing in the mucous membrane, may cause adhesion of the intestine to the corresponding part of the abdomen; continuing its progress in depth, and having traversed all the tissues, this ulcer will cause a fecal abscess, which may terminate in a fistula. 2d. If after the reduction of a hernia, an opening forms on the convexity of the intestine, the contents may pass out towards the skin, and an artificial anus be the consequence. 3d. After the destruction of the spur-like process, by the method of Dupuytren, the fecal fistula may resist all attempts to close it."

These observations are supported by numerous cases and dissections, which are too long for insertion here. The treatment of these obstinate cases of fecal fistula, demands the best attention and patience of the surgeon. Pressure, styptics, and cauterization will be sufficient to effect a cure in some, but will too often fail. Autoplastic operations have been attempted, but with little success. After a fistula has existed some time, the edges become perfectly callous, and the structures in the immediate neighborhood so changed, as to be little inclined to contract adhesions with the new tissue that is placed in contact with them in autoplastic operations. It is also almost impossible to close the opening so effectually as to prevent the escape of a small quantity of fecal matter, which will be quite sufficient to prevent the union of the raw surfaces. The operation M. Velpeau recommends in old cases of artificial anus, is that of paring the edges of the opening and bringing them in contact by suture.

Observations on the Surgical Pathology and Treatment of Aneurism, being the Substance of a Course of Lectures on that Disease. Delivered in the School of the Royal College of Surgeons in Ireland during the Session 1839-40. By William Henry Porter, A. M., &c. &c. Octavo, pp. 214. Dublin: J. Porter. 1841.

The Dublin schools of medicine have long maintained a very high character, and the ancient metropolis of Ireland can, at present, boast of several surgeons whose names are known in the profession from Dan to Beersheba. Mr. Porter is a scientific and enthusiastic practitioner, and in the present work he has made a very welcome addition to the many valuable treatises on the deeply interesting and important subject of aneurism. We propose to present our readers with two or three papers devoted to an analysis of Mr. Porter's work, availing ourselves, to some extent, of the labors of Dr. Johnson in the *Medico-Chirurgical Review*, and leaving to our readers the profitable task of canvassing for themselves any peculiar opinion the author may maintain.

In the arrangement of the subject, Mr. Porter has endeavored to treat of aneurism in its generic forms (as far as practicable) independent of the proper and peculiar features that may attach to it in any particular locality—to describe the different pathological conditions that precede and are supposed to conduce to the formation of the disease—to connect these with the symptoms as they arise, and to point out the mode of treatment apparently suitable to each variety. Another object with him has been to endeavor to ascertain how far our curative measures may be insufficient, and our operations unsuccessful, and to explain (to the extent our pathological information will permit) the causes and circumstances that thus exert an unhappy influence on our practice. The first subject on which our author treats is hæmorrhage. He seems to think the internal coagulum of little service. It never occupies, says he, the entire calibre of the vessel, and, consequently, cannot block it up mechanically; and as its presence or absence depends on the distance between the wound and the next branch, it should follow, if it is instrumental in controlling hæmorrhage, than an artery divided close to such branch would never cease to bleed. This is by no means found to be the case, and therefore are there grounds for believing that the existence of an internal coagulum is more or less accidental, and not in any respect necessary, or even important.

Mr. Porter remarks that lacerated arteries sometimes bleed furiosly, the natural process of arresting hæmorrhage not being always efficacious. Not long since, a man was brought into the Meath Hospital, whose fore finger was broken and lacerated in a steam engine; he resisted amputation, and for two days this apparently trifling wound poured out blood with a violence absolutely uncontrollable. At length he submitted to the operation as the only means of saving him from bleeding to death; and from the clean incised wound thus made, not a drop of blood flowed, neither was it necessary to tie a single ligature. Very recently, in the case of a man whose arm was torn off by a steam engine, the main artery of the limb hanging from the wound bled with a degree of violence nearly fatal before he could be conveyed to the hospital. It appears, then, that the means adopted by nature to control hæmorrhage are not the same in this case as when an artery is simply divided by a cutting instrument, and that they are not uniformly brought into operation; but as these means are not understood, neither is it possible to explain the causes of the different phenomena that occur under circumstances so apparently similar.

Mr. Porter enumerates the different varieties of aneurism, inserting among them one with which our readers may not be familiar.

"There is a pathological condition of an artery producing all the symptoms of circumscribed false aneurism, and apparently curable by the same means, which, as yet, has only been noticed and described by myself in the Cyclopædia of Anatomy. It seems to be formed by a dilation of the fibrous and cellular coats, and the absorption of the internal lining. It appears to be so far a true aneurism as that the artery is uniformly dilated around its entire circumference, and it is so far a false one, that the internal lining membrane has been removed. I know not how to form a name for such a complex aneurism." 34.

Mr. Porter devotes some little attention to the causes of aneurism. He adverts to certain facts that he has made out.

1. It is a disease unknown to early life, not (as far as I know) having been observed antecedent to the age of puberty, and although old age is not absolutely and completely free, it is comparatively rare at that period; from an aggregate of thirty remarkable cases operated on, I find the average to be thirty-three years and a half.

2. It is much more frequently met with in males than in females: this is remarkably proved in cases of internal aneurism, but still more so in the external. I have made the most extensive inquiries on this subject in my power, and can find but one surgeon in Dublin who ever operated for the cure of popliteal aneurism in the female.

3. Arteries are liable to aneurism with a frequency nearly in proportion to their size: thus the most common seat of all is the aorta: and again, particular parts of these are more liable than others, aneurisms usually having their seats where the arteries are curved or bent, or where a branch may happen to have been given off.

Mr. Porter adds:—

"Seeing, then, that aneurism is at least negatively subject to certain laws; that it is not met with in animals; that it is not met with in the human subject before the age of puberty, and rarely in the female at any age; and that it prevails in the larger arteries, we must seek some explanation of its existing cause that will be consistent with these facts. But first it may be necessary to make a few remarks on the causes usually assigned. It is said that certain laborious trades and occupations predispose to aneurism, but this opinion cannot be supported. If it be meant that such persons are more exposed to injury, and that direct violence may sometimes rupture an artery, this is as easily understood as that a person working in the neighborhood of a steam engine will be more likely to be entangled therein, and have a limb torn off, than a person a distance from it; but this is only accidental, and by no means a particular liability to disease. I cannot believe that any degree of labor, or exertion, or exposure, predisposes to the occurrence of aneurism; first, because the most laborious people in society, sailors, blacksmiths, porters, &c., are not a whit more liable to the disease than any other classes in the community: secondly, because women in the lower ranks of life are, in many instances, obliged to undergo more labor in proportion to their strength, than men—and boys and children infinitely more so: yet we have seen the exemption that these classes enjoy; and thirdly, aneurism is not more prevalent among the poor and laborious than among the rich and idle, in proportion to the relative numbers of these classes respectively. This latter assertion is so opposite to the generally received opinion, that many will be inclined to disbelieve it, and its truth cannot be proved for want of statistic reports: I have made it, however, from my own observation, and would appeal to any practical surgeon of experience for its corroboration. Again, it has been stated that particular trades and callings, chiefly such as oblige their followers to keep their limbs in a bent posture, predispose to aneurism, and this is explained by the idea of the blood being forcibly impelled against the side of the vessel, in consequence of such position. Hence the prevalence of the disease among coachmen, postilions, horse soldiers, &c. But there can be no doubt that other persons are equally, if not more, exposed to such influences, in whom the disease does not prevail—studious persons, and the higher orders of females, for instance: but with reference to trades, we may recollect that tailors spend most of their time in a very contracted position, and yet no one ever considered them as peculiarly predisposed to aneurism. I cannot, therefore, admit any of these as creating a predisposition to the disease." 39.

Mr. Porter thinks that the condition of the arterial tunics which induces aneurism, or disposes to it, is unhealthy inflammation of the tunics. By this their qualities of elasticity and contractility are greatly diminished, and they will yield and become distended under the ordinary force of the circulation; hence we may understand how some of the pathological conditions of the artery come to be produced. First, the vessel may be rendered distensible throughout its entire circumference and thence dilated all round, in such a manner as to have acquired the name of *fusiform* dilatation. An artery, however, in this state cannot be considered as aneurismal: the blood circulates through it during life, and no portion of it is coagulated or withdrawn from the system. After death, indeed, a coagulum is always found within it—an additional proof, if such was wanted, that its contractility was impaired and weakened. But one spot of this fusiform dilatation may be weaker than the rest; and if so, it will be likely to yield, become dilated, and a true aneurism thus be formed, in which blood will be arrested and coagulated during life.

Mr. Porter, then, is satisfied that unhealthy inflammation is one of the most influential of the exciting causes of aneurism, and he has been led to the conclusion that intemperance, particularly in the abuse of ardent spirits, and repeated or ill-conducted courses of mercury have, at least, some intimate connexion with it. This latter medicine is seldom used in great quantities, or for any protracted length of time, unless for the curse of syphilis, and hence many have entered an opinion that arteritis might be a result of the operation of the venereal poison. We are inclined to imagine that intemperance and abuse of mercury predispose to aneurism as to many other diseases, by impairing the general constitutional powers. Local or accidental circumstances determine the particular malady that shall ensue.

Mr. Porter passes to *Internal Aneurism*, the symptoms and diagnosis of which he first considers. He offers some suggestions on the latter head which we may notice. A gland, he says, or other tumor, receiving an impulse from an artery, is naerly lifted up, and the pulsation is only felt at the apex—often by drawing it away from the vessel the pulsation ceases altogether: an abscess receives only an undulatory thrill from an artery, perceptible in the line of the vessel, but fading away and becoming indistinct in the remoter parts of the tumor: but the expansion of an aneurismal sac is equal in every part and every direction, and the pulsation can be felt as correctly at the base or at the side, as at the summit. Occasionally some tumors of a medullary or other fungoid nature exhibit a pulsatile character, and, if they occupy a situation in the course of a large artery, are liable to be mistaken for aneurism—indeed the resemblance is sometimes so great as to render a diagnosis extremely difficult. Nor will the position, growth, or direction of the tumor be sufficient to determine the point in question, for we know that aneurisms are uncertain in these respects, and may present themselves in very unusual and unexpected situations. He has known a popliteal aneurism, for instance, to appear on the front of the leg, beneath the knee, and it was curious that, at the same time, he had a patient in hospital with a fungoid tumor in exactly the same situation that exhibited a decidedly pulsatile character. He thinks the pulsation of a fungoid tumor is less forcible, less distinct, less *prononcèe*, (as the French would term it,) than that of aneurism. But he has heard of cases in which the diagnostic symptoms were so obscure as to occasion considerable embarrassment to very acute and sagacious practitioners. Hence the necessity of making the most rigid investigation of every particular connected with a tumor of suspicious nature, for we shall find hereafter that aneurism is a disease in which even a trifling error may give rise to formidable, if not fatal, consequences. On applying the ear or a stethoscope to an aneurismal tumor, a peculiar sound, termed by the French the *bruit de soufflet*, is often, indeed generally, heard. It conveys the impression as if a rush of air took place into the sac at each pulsation; but as it is impossible to convey any idea of it by description, the practitioner must seek to render himself familiar with it: still, however, it is not pathognomonic, for the fungoid, or indeed any tumor situated on an artery will produce it, and it may be created by artificial pressure.

Memoranda on France, Italy, and Germany, with Remarks on Climates, Medical Practice, Mineral Waters, &c. To which is added an Appendix on some of the Predisposing Causes of Disease, and on the Advantages of Travel and a Residence Abroad. By Edwin Lee, Esq., M. R. C. S., &c. 12mo. pp. 342. London: Saunders & Otley. 1841.

This is the production of a gentleman who possesses a highly cultivated and polished mind, and who has united with distinguished professional acumen, great powers of accurate observation. His remarks are generally characterized by much candor and impartiality. This volume of memoranda contains a great amount of amusing and instructive matter; and we commend it to all peripatetic physicians and surgeons, as an excellent model by which to fashion their memorabilia of travel. We shall try to make room for two or three random extracts.

A French Watering Place.

No spot would seem to be less calculated for the situation of a bath than Barèges, which consists of a single street on the acclivity of the mountain, with the impetuous *gave de Bastan* foaming beneath. For nine months in the year the place is deserted, being left in the keeping of about twenty men, who pass the winter there to prevent its being occupied by the wolves, which not unfrequently take up their abode in the houses. As it frequently happens that the winter occupants are completely shut out from any intercourse with the valley by the snow, they are obliged to lay in a stock of provisions and fuel for three or four months, and on the return of fine weather, assisted by others from below, begin to clear the road, and ascertain the damage that has been effected; as many of the houses are every year carried away by the torrent, or overwhelmed by the avalanches. At the time of my visit in May, numerous workmen were employed in digging away the snow, beneath which several houses were buried, and in getting the place a little in order for the season, which begins about the middle of June, from which period till September, it is crowded with invalids, who certainly would not resort thither for pleasure, or unless they had learned from experience the efficacy of its mineral springs. This, by the way, may not be quite so certain.

In the centre of the street is a small square, on one side of which are the baths, on the other a military hospital, supported by government, for wounded soldiers, the number of which amounts to about four hundred, that of the visiters being about eight hundred, or a thousand, almost all of them invalids, and many who are not able to walk, or hardly to get about on crutches. There is only one table-d'hote, and each party is served separately from a traiteur's; nor is there any society, and, as may be supposed, the climate is bad enough, so that existence in the place for several successive weeks would be unbearable, were it not for the benefit anticipated and experienced from the springs. In the bathing establishment there are sixteen private baths; but most of the patients bathe in the piscinæ, or public basins. Douches are a good deal used, the water falling from a height of five or six feet, from reservoirs, through tubes about as thick as a man's forearm. The piscina for the hospital patients—but in which several visiters likewise bathe—is an oblong vaulted chamber, with stone walls; the water is about three feet deep, and flows into the bath through a wooden trough, beneath which those who require the douche hold the affected part. About sixteen persons can bathe at the same time. The springs *la Douche, la temperée*, and Polard, are the most used; the temperature of the former it 44°, that of the second 33° R., and about 30° in the piscinæ, which are badly ventilated, and filled with vapor, which induces copious perspiration. There is likewise a piscina for indigent patients. The average number of baths required by patients, is from thirty to forty. Though the springs are almost exclusively used for bathing, there is one drinking spring. They are strongly sulphurous, and more energetic in their action than any others in the Pyrenees, but they do not emit so disagreeable a smell as others of the same class, which contain a large proportion of sulphuretted hydrogen, as in these the sulphur exists principally in the form of sulphuret of soda. The cases in which they are most efficacious, are scrofulous diseases of joints and other enlargements, rheumatic and paralytic, as bullets, pieces of clothing, &c. lodged in the body, (the expulsion of which not unfrequently takes place during the course,) and some eruptions on the skin.

State of Medicine in Rome.

The treatment of disease inclines somewhat to that which was prevalent in France some years ago; small bleedings are considered by many of the local practitioners, as an almost universal panacea. In fact, a great proportion of the surgeons are little else than mere phlebotomists, and are but little calculated to treat either medical or surgical diseases. The physician is usually called in to prescribe for the constitutional disorder induced by surgical disease or by accidents; the part of the surgeon being limited to local applications or bandages. Tonics, or exciting remedies, (among which are reckoned aperients,) are in general avoided, though in the malaria fevers large quantities of bark are given with advantage; sedative remedies, as prussic acid, henbane, &c. are not unfrequently exhibited, but the treatment of acute disease is principally of the expectant kind.

Paris.

The principal advantages which Paris has over London, consist in the greater purity, clearness, and dryness of the atmosphere, its freedom from smoke and fog, and in the weather being less variable from day to day, as the summers are hotter, and the winters equally cold, if not colder. The average quantity of rain throughout the year, Mr. Lee conceives to be as great in Paris as in London. It would not, therefore, be advisable to select Paris as a winter residence for persons laboring under pulmonary complaints, (except, perhaps, some cases of asthma and sympathetic bronchital affection,) or rheumatism. Paris agrees very well with many dyspeptic invalids, to whom the light cookery of the French *cuisine* is better suited than the more substantial fare usually met with in Britain, which requires greater powers of digestion, always provided the invalid abstains from ragouts, rich sauces, or highly seasoned dishes, and from indigestible vegetables, as truffles or mushrooms. The valetudinarian who labors under depression of spirits, combined with disordered digestion, would likewise frequently find himself better after a few months sojourn in Paris, which offers more resources for mental relaxation and amusement, than any other city, not excepting London. Baths are also more general, which is a great advantage to invalids.

Among the most prevalent diseases of Paris, may be enumerated inflammations of the respiratory organs, (especially in the winter and spring,) consumption, typhoid fevers, intermittents, rheumatism, chronic inflammation of the stomach and bowels, various forms of dyspepsia, and scrofula. Apoplexy, paralysis, and nervous diseases in general, appear much less frequent than in England; where also indigestion is more common, especially among the commercial and trading part of the population, and those whose avocations are of a sedentary nature, as clerks and others who have much writing or head-work.

An Introductory Lecture to the Course of Institutes of Medicine, &c. By Robley Dunglison, M. D. Delivered in Jefferson Medical College. Philadelphia: 1841. pp. 24.

The present season has been unusually prolific in the publication of introductory lectures in the above institution, no less than three having been received by us. The above lecture fills about twenty pages, of which the four first are occupied by the learned professor in vindicating his claims to the gift of prochecy with regard to the revolution that has recently taken place in Jefferson College. With this appears to be mingled the least possible dash of spleen towards his former colleagues for having accepted the more honorable and lucrative appointments in the University of New York. We say this would seem to be, could we for a moment suspect this amiable gentleman of being actuated by such a feeling in consequence of their doing what he had himself repeatedly done. The remainder of the lecture is chiefly made up of extracts in prose and verse and anecdotes, some of them, perhaps, somewhat trite; but still, as a whole, the lecture may be considered a fair sample of this gentleman's acknowledged erudition and felicitous tact in compilation.

The Dublin Dissector. Edited by Dr. Robert Watts, Jr., Professor of Anatomy in the Crosby-street Medical School. With plates. Published by Messrs. Langley, Chatham street, New York.

The merits of this manual of anatomy are universally admitted. The labors of the talented gentleman who has superintended the edition before us, have been confined to the compilation of many valuable additions, selected from the works of several distinguished anatomists. These additions have been made with great judgment, and the value of the work is proportionally enhanced. The publishers have performed their duty in a commendable manner, and offer the volume at an extremely moderate rate.

A Practical Treatise on the Diseases of Children. By James Stewart, M. D. New York: 1841. 8 vo. pp. 547.

We have not had leisure to examine the whole of this volume attentively, but although we therefore cannot pronounce decidedly on its general merits, yet we can say, that of what we have seen, our opinion is any thing but unfavorable. No diseases are more important and interesting, and none more generally misunderstood and maltreated, than those peculiar to children. We therefore welcome such a volume as this, devoted to the careful investigation of this class of diseases, and bearing the impress of close and accurate observation, and a sound experienced judgment.

American Edition of 'Kane's Chemistry.'

We have great satisfaction in announcing that the Messrs. Harper have made arrangements for the immediate publication of the 'Elements of Chemistry,' by Professor Kane, of Dublin, the work to be edited by Professor Draper. Kane's work is by far the best elementary treatise on Organic Chemistry, which has recently issued from the press. In it, the applications of the principles of this noble science to Medicine, Pharmacy, and the Arts, are fully unfolded, and explained with greater simplicity and clearness than in any of the other modern treatises on chemistry with which we are acquainted. The forthcoming edition of the work will contain many important editions by the Editor, on whose capacities for the present task, and distinguished scientific attainments, it is not necessary for us to dwell.

Professor Paine's 'Commentaries.'

We have received a copy of this celebrated and valuable work, which has excited so much attention in the professional world, and also the author's replies to sundry reviewers. In an early number of our journal we intend to occupy a small portion of our limited space with a brief review of this controversy.

Dr. Gibson's Lecture.

We have received, as we stated in our last, an anonymous and cutting review of Dr. Gibson's silly lecture, but really we think that we cannot, in justice to our readers occupy our space by further criticism on this piece of drivelling bombast. For our own part, we could never think of entering on any thing like a formal review of such a production. We give the concluding sentences of the reviewer's communication:—

> "Seriously, we are perfectly amazed that the Faculty of the University of Pennsylvania would allow this production to go forth. Can a plain gentleman, like Dr. Wood, read all this braggart stuff without a feeling of self-degradation. The simple truth is, that the whole profession all over the continent is amazed and disgusted at this outrageous self-laudation. By the same spirit of prophecy, which enabled Dr. Gibson to foresee his elevation to the chair of Dr. Physick, we predict his coming depression. And in conclusion, we would suggest to our Philadelphia friends, to put the claims of their schools on some better footing than that of antiquity;—one of them has been open with various fortunes about fifty years, another about ten, and another about three. Mere old age can never form a claim for patronage, but must be accompanied by other advantages; whether it be in banks or in colleges, a healthy interior is every thing. Philadelphia knows very well, for she has seen it, that institutions, like apples that are bruised and old, may burst with their own intrinsic rottenness."

Introductory Lecture to the Course of Chemistry in the Medical Department of the University of New York. Delivered by Professor Draper. Session 1841–42. Second Edition. pp. 15.

Among the mass of introductory lectures delivered this season, and which completely cover our table, we find none to be compared for scientific information, and beauty of composition, to that delivered by Dr. Draper, of the University of New York. It is indeed a gem, and evinces the highest order of intellect on the part of its author

Dr. Draper, although a very young man, has already secured for himself a reputation second to no man of science in the United States. His able contributions to Sir David Brewster's 'Annals of Science,' have elevated him to the highest ranks among the Savans of Europe, and as a *Collaborateur* in several of the Journals of our own country, his name is familiar to every one who keeps pace with the progress of science. How gratifying to our enthusiastic young men of genius and talent, must it be to witness what may be done even in a few years, by zeal and devotion to scientific pursuits, by a young man in the elevation of his own and his country's scientific reputation. Let them look to Draper as a model for imitation. Only a few years ago, without a name, he became a Professor in the College of 'Hampden and Sidney,' in Virginia; and after shedding lustre on that Institution, his name attracted the attention of the Council of the University of New York, and by a unanimous vote he was called to occupy the Chair of Chemistry in the University School of Medicine.

We have never met a man who reminds us so much of Sir Humphrey Davy, as Dr. Draper. In his regular lectures there is the same simplicity of style, the same perspicuity of illustration. There is likewise the same brilliancy of imagination, which sheds, even on the dry details of science, the graces and the beauties of poetry. As our friend of the *Herald* would say, '*we predict*' that the author of this lecture is destined to become the Sir Humphrey Davy of the United States.

The lecture is full of beautiful passages, but we have already somewhat exceeded this portion of our space, and cannot at present find room for any extracts.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, January 8, 1842.

The Press and the Profession.

The most potent government which the world has ever seen is that of an independent Press. Its directors can defy the kings of physical empire. Has not the Freedom of the Press, in her march to universal government, trode down combined agencies, before which any other cause would have been utterly unable to stand? And is she not now victoriously engaged in battle with the hosts of ignorance and prejudice, and error and lies; and are not these foes to Truth and Man, already fleeing before her, like chaff before the wind?

Every day we see fresh developments of the potency of this agent, following every new application of its powers. In politics—in religion—in literature—and the arts, what has not been effected through the instrumentality of the Press? We mean to bring this power to bear upon the medical profession. We have accordingly established a journal which is perfectly independent of the smiles or frowns of any individual or any 'set.' We offer to the medical men of America, a vehicle for the publication of their experience and opinions, which will extend the same advantages to all, alike to those 'to fortune and to fame unknown,' and to the envied fashionable physician. Our columns will be open to any contributor, who can add, in any degree, to the stock of professional knowledge. No man will be frowned down because he happens to belong to this or that *clique*, or this or that 'school.' Neither will any individual be bespattered with unjust or extravagant panegyric, on account of any peculiarities of position, or any other adventitious circumstances. We present a fair and open ground on which the medical practitioners of this country may interchange their sentiments and discuss their peculiar views. And we know that such a vehicle of communication is wanted. We know that the application of the power of an independent press to the medical profession in the United States, is loudly demanded. We have dared to respond to this call, and we have done so in the full confidence that we will receive the support of all right-hearted men.

The Triumphs of Surgery--The Cure of Stammering.

The science of surgery is making very rapid strides in our day. There can be no doubt of it. Were the old fathers of the art to "revisit the glimpses of the moon," we can easily imagine the air of bewilderment with which they would stretch forth their ghastly hands, as they gazed on the deeds of this day's miracle-working men, and hastily gathering up their mouldering garments, how hurriedly they would sneak back to their inscrutable resting places, where they have been so quietly sleeping for hundreds of years! The halt of half a century throw aside their staves, and walk with all the elasticity of youth—the "deformed" become in verity the "transformed"—he who erst looked two ways of a Sunday, now scans his brother straight in the face—

and, most speaking triumph of all, the "unruly member," which the hoary wisdom of the Past had utterly failed to tame, now yields in the twinkling of an eye, or the snapping of a scissors, to the omnipotence of cutlery, and the majesty of the all-subduing needle!

We are undoubtedly a wise generation. We judiciously arrive by a hop, step, and jump, at conclusions, the elucidation of which would have given a world of unnecessary trouble to the reverend gray beards who have preceded us. This is right. There is nothing like expedition. We cross the Atlantic in ten days, and why should we not philosophize with equal velocity? Our fathers cured stammering in a twelvemonth—we cure it in two minutes. But we live in the nineteenth century.

What more magnificent illustration of the progress of modern surgery can be exhibited than that which we have witnessed seventy times and seven? A venerable chirurgeon is about to operate in a crowded theatre for the cure of stammering—the patient, a lumpish-looking clodpole, is led in, and looks around with becoming awe—he thrusts out the rebel organ, and the operator inspects it with the scrutinizing stare of a village apothecary, wisely shakes his head, and

> "Now spreads the glittering forfex wide"—

the patient turns up the whites of his eyes and the browns of his hands—three hundred and ten necks are stretched—three hundred and ten mouths gape wondering admiration—"snap! snap!" go the scissors—the surgeon smiles complacently—three hundred and ten bludgeons beat the floor—the patient washes his mouth seven times in pure water of the babbling brook—the stutterer is cured!

Reports of Lectures.

As intimated in our first number, we have arrangements in progress by which we will be enabled to present our readers with accurate reports of a great number of valuable lectures, delivered at various surgical schools throughout the Union. The University Medical College—the Crosby-street School—the Philadelphia and Boston schools, and others, will severally receive attention. In this way, students, the profession, and the public, will be enabled to form a correct estimate of the qualifications of medical teachers, and a vast amount of valuable matter, otherwise inaccessible except to a limited number, will be placed within the reach of all. We wish to afford ample demonstration that our country can point to men of real and distinguished talent in all the departments of medical science, and that our colleges possess ample materials for affording a thorough course of instruction to the student. Reforms we know are loudly called for in many particulars, the period of the college curriculum requires to be extended, and other salutary changes made, and we have no doubt that they will speedily be effected. Already there are many indications of a new and bright era in our professional world. May we be instrumental in accelerating its approach!

In our next number, we will give the first of Professor REVERE's valuable lectures on the MEDULLA SPINALIS; and that course will be followed by Professor PATTISON on the Surgical Anatomy of HERNIA, LITHOTOMY, &c. Professor Bedford's lectures on the SIGNS OF PREGNANCY, which will present a variety of matter very interesting and important, will also appear in due season.

The London *Lancet* has for a long period conferred inestimable favors on the profession, by its full reports of lectures. At first these reports were objected to by some lecturers, but in a very short time, their anxiety was manifested, not in endeavoring to stop the reports, but in insuring their insertion! Nothing can benefit an able lecturer so much as the publication of accurate reports of his discourses in a popular and widely-circulated journal.

Medical Schools in New York.

The state of medical education in the city of New York is rapidly improving. A great impulse has been given to it by the establishment under the most favorable auspices, of the University Medical School; and the old and highly respectable Crosby street School, is putting forth its energies with renewed zeal. These two institutions present a combination of talent which must, when brought into unencumbered operation, exercise the most salutary effect on the whole system of professional education. The Crosby-street School, has, we have just heard, opened a weekly surgical *clinique*, similar to that connected with the University School, and which will, we have no doubt, be equally valuable.

The Philadelphia Rioters.

We regret exceedingly that the medical students of Philadelphia, have been so disgraced by the disorderly conduct of several of their number. Places of public amusement present dangerous ground for the student. Attendance upon them is sadly calculated to dissipate the mind, and put to flight those habits of sobriety and diligence, which are the very handmaids of virtue and happiness. The theatre has often been the vestibule to perdition. We would affectionately warn students to avoid it, and every approach to those fated shores of Vice on which the bones of millions have whitened—where fortune, fame, hope, happiness, and life perish! But let them seek relaxation from mental toil, in the pure pleasures of the virtuous social circle, and the rational enjoyments that may be

> 'Pursued without a crime,
> And leave no stain upon the wing of Time.'

Poisoned Beef.

We had intended to advert, at some length, to the subject of the following card, in our present number, but must defer our remarks till our next:—

TO THE PUBLIC.

Mayor's Office, January 4, 1842.

Within the past ten days, there have been in this city forty-one cases of sickness, caused, as the attendant physicians agree, by poison. An examination into the subject has established to my satisfaction that the poison was contained in smoked beef. The beef alluded to, had a bluish, unhealthy appearance. The object of this notice is to caution the public to inspect smoked beef before using it, and to use none exccept such as has the ordinary healthy appearance. The beef has been traced to different stores, and to different smoke houses, inducing the belief that it was either from diseased animals, or that the beef was partially spoiled before being smoked. Experiments are being made with it, the result of which will be communicated. None of the persons affected have died of this poison, although many of them were dangerously ill.

ROBERT H. MORRIS,
Mayor of the City of New York.

THE MEDICO-CHIRURGICAL REPORTER.

The University Surgical Clinique.

[The Clinique was not open last Saturday, as it was the first day of the year; but we will report a few interesting cases presented on former occasions.]

Case XI.

Hip-Joint Disease.—M. N., æt. 6 years; strumous diathesis; seven months ago fell from a height, and since then has been lame of the right limb. Complains of pain in the knee in the morning. Limb is somewhat elongated, and foot very slightly distorted. Motion of oint is a little impeded.

Remarks, by Prof. Mott.—These cases are among the most troublesome and tedious which fall under the notice of the surgeon. Always set out in your treatment by telling the parents that the cure, if effected at all, will be extremely tedious. A spontaneous cure is sometimes effected, leaving perfect integrity of joint. I have seen such cases. Scrofulous affections of the joints are much more common in the older countries of Europe than here, owing in a great measure to the greater poverty of the lower classes. In Paris, especially, these diseases are very frequent among the children of squalid wretchedness who crowd the dim and filthy lanes of that great metropolis. I cannot at all approve of the active depletory treatment recommended and employed by some in these affections. Local bleeding is serviceable in unloading the vessels in the neighborhood of the affected joint, which allows them to contract on their contents, and so relieves the congestion, just on the same principle that the introduction of the catheter affords relief in cases of over distention of the bladder. Then, of course, continued irritation is to be employed—caustic issues—the application of tartar emetic ointment, &c. Then the internal treatment will be the hydriodate of potass, and the "decoction of the woods," and other alteratives and tonics.

Case XII.

Vascular Tumor of Mamma.—O. P., æt. 46. A robust and healthy looking female; catamenia not ceased; last spring right mamma became swollen and painful, and a slightly circumscribed firm tumor, about the size of a goose's egg, is now felt; occasionally experiences severe lancinating pains in the breast; is not aware that it is influenced by the weather. General health good—pulse regular—digestion unimpaired.

Remarks, by Prof. Pattison.—There are many symptoms here indicative of the existence of a carcinomatous tumor. The history of the progress of the tumor, and the character of the pain felt in it, would seem to point to this conclusion. There are, however, a number of other points which apparently lead to an opposite opinion. In the first place, there is not the degree of induration in the tumor, which characterizes carcinoma—there is hardness, but not a circumscribed hardness. Again, the pain in the tumor is greatly aggravated by pressure, which is not the case in carcinomatous affections. But it is, of course, out of the question to pronounce a decided opinion on the case in its present stage. I am, however, inclined to believe that it is a case of 'vascular sarcoma.' I will adopt the treatment indicated in such affections. We will apply leeches in large numbers—for leeches to do any good must be applied in great numbers. In this case I will order forty leeches to be applied after intervals of three or four days, until an impression be made on the tumor. At the same time I will order the following formula:—

℞ Hydriod: Potassæ ʒij.;
  Decoct: Sarsæ Oiv.
Fiat mistura.

"A wine glass-full to be taken three times a day."

Case XIII.

Sinous openings in Groin.—Q. R., æt. 33, a seaman Has three fistulous openings in the left groin, the largest of which runs very much in the direction of the great saphenic vein. The sinuses communicate.

Remarks, by Prof. Mott.—From the course which these sinuses take, it would be improper to lay them open. What then is the next plan of treatment in such cases? The insertion of a seton. But that also is inadmissible here; and the only course left for us is to employ injections; and no injection is comparable to the following:—

℞ Sulph: cupri gr. x.
  Aq: distillati ʒii.
Fiat solutio.

New York Eye Infirmary.

Case of Iritis.—A case of Iritis presented itself on the 17th ult. The patient was a man about 34 years of age. Dr. Wilkes entered on a minute description of the characteristics of this affection, which he said consisted in an irregular form of the pupil—its edges fringed and much thickened—an altered color of the iris, (in this case of a greenish cast, which was always the case in eyes naturally blue)—a pink zone around the margin of the cornea, produced by the engorged condition of the deep vessels carrying blood to the iris. This case was supposed to be of a syphilitic origin, but inasmuch as the patient stoutly denied ever having had primary symptoms, and as there were none of the appearances produced by secondary appearances of syphilis, either in the skin, throat, or on the superficial bones, there was some doubt of its being the result of a venereal taint. Dr. W. remarked, that till ten or fifteen years since, many surgeons in New York were not able to distinguish this disease, but that it was repeatedly mistaken for other affections, and consequently, as often badly treated on the ordinary principles of simple antiphlogistic treatment, which exerts comparatively little effect upon this form of opthalmic inflammation: but since the affection has become better understood, the discovery has been made that there is a mode of treatment to which it is perfectly amenable, viz. the mercurial. If this patient were treated by leeching, cupping, purging, &c., the inflammation would continue, no matter how vigorously or perseveringly this treatment was pursued, and perhaps it would increase until there was perfect closure of the pupil and loss of vision; but under the mercurial treatment, the inflammation would rapidly disappear. If, however, from any cause, the mercury were contra-indicated, the hydriodate of potass, or the colchicum, particularly in patients of a rheumatic or gouty diathesis, might be exhibited with excellent effect. The following pills were then prescribed:—

℞ Submur: Hydrarg: gr. xxiv.
  Pulv: opii: gr. iii.
Misce bene et fiat massa; divide in pil: acqual: xii.;
  quarum sumat unam quartis horis.

Two or three minims of the infusion of stamonium were ordered to be dropped into the eye every morning and evening; and an infusion of opium (a scruple of the gum to a pint of water) was also directed to be used as a lotion.

Monday, 20th. The mercury has affected his mouth, and the iritis is evidently giving way—the green tinge is less—the pupil not so much fringed and more round—the zone around the cornea less distinctly marked. Continue one pill at night and the infus. opii.

Friday, 24th. Inflammation has nearly disappeared—the affected eye has assumed the color of its fellow—the pupil is perfectly round, its edges smooth, and the pink zone around the cornea has almost entirely disappeared.

Cataract.—The patient in this case presented himself at the infirmary last August, having a lenticular cataract of the right eye. He was then dismissed with the direction to return whenever the vision of the other eye should become impaired. He has now incipient cataract of the left eye. After a few appropriate remarks on the impropriety of operating when only one eye was affected, Dr. Wilkes performed the posterior operation of couching on the eye first affected. The lens was soft externally, with a firm nucleus. A fold of linen moistened in cold water, was applied to the eye, and the patient put to bed. Slight symptoms of inflammation appeared on the second day after the operation, but readily disappeared after the employment of cupping and the exhibition of calomel and opium.

Chloride of Tin for the Preservation of Pathological Preparations.

To the Editor of the Lancet.

Sir:—After having performed a number of experiments on the subject, I am fully of opinion that a solution of the chloride of tin, is admirably adapted for the purpose of preserving pathological and anatomical preparations of all descriptions, and possesses several advantages which recommend its use in preference to alcohol, or any other liquid used for this purpose. It does not evaporate, neither does it harden, contract, or discolor the substances immersed in it, and it can be obtained at one half the expense of alcohol.

The easiest mode of obtaining the chloride of tin is the following:—Take one ounce of granulated tin, digest in three ounces of muriatic acid for an hour; then add one and a half ounces of nitric acid, and allow the mixture to stand for twenty-four hours. The solution is to be made as follows:—

Chloride of tin.	1 oz.	Alcohol.	2 oz.
Kreosote.	¼ "	Water.	20 "

One gallon of this solution can be manufactured for half a dollar.

Your obedient servant,
Lewis Feuchtwanger.

Case of Supposed Aneurism of the Aorta, relieved by appropriate Treatment.

John Scott, æt. 28.—A little man, with red hair, and indications of a scrofulous constitution, was admitted into the Royal Free Hospital, on the 25th of March. He stated that he had worked for some years at Liverpool, as an anchor-wright, but that at Christmas he was thrown out of employment; he was obliged, consequently, to wander about, in search of work, during the most inclement part of the winter, barely clad, and as badly fed; and to the sufferings which he thus endured, from cold and want, he attributes his present complaints. About three weeks before he arrived in London, he perceived the first symptoms of indisposition, which consisted in an almost frost-bitten state of the lower extremities, cough, and slight dyspnœa, succeeded by uneasiness about the chest, expectoration tinged with blood, and occasional epistaxis. These symptoms increased, and, shortly afterwards, a small tumor (without pain) made its appearance on the right side of the sternum. In this state of extreme wretchedness, he applied for admission at the Asylum for the Houseless Poor, and was thence sent to the Royal Free Hospital; he was there put into a warm bath, and I saw him immediately after.

March 25. After a bath, skin hot and perspiring; lips purple; breathes with difficulty, and expectorates a considerable quantity of mucus, tinged with blood; pulse 110, small, but with a slight jerk; unable to lie on the left side, a posture which gives him severe pain about the right hypochondriac region; tongue rather white; no appetite.

On the right of the sternum, and between the cartilages of the first and second ribs, is a pulsating tumor, about the size of a walnut; the skin covering it is slightly inflamed; yields on pressure, as though fluid were confined beneath, and appears to be very thin; if it be pressed but ever so gently, the patient complains of severe pain extending itself towards the right axilla. The pulsation in the tumor is both heard and felt to be the same precisely as that of the heart, and without the bruissement that aneurismal tumors generally yield; the sounds of the heart itself are heard more distinctly, and its impulse is more violent on the right than on the left side of the sternum, and most especially on the apex of the tumor; the arteries of the wrists have no sensible difference in their action; and the same is observable of the carotids. There is, however, a considerable retrocession of blood into the right jugular synchronous with each ventricular systole.

The respiratory murmur is louder on the left side of the chest than on the right, where it is probably obscured by some large crepitation, which is diffused over the whole of that side, but only to be heard behind. Owing to the embarrassed condition of his breathing, and the pain which he experiences from any movement, I am not able to obtain any further auscultatory evidences. I ordered twenty leeches to be applied to the chest, and prescribed the following medicine:—

℞ Tincture of digitalis, M 12;
Antimonial wine, ʒss;
Solution of acetate of ammonia, ℥ss;
Sulphate of magnesia, ʒj;
Camphor mixture, ℥j.

Mix this for a draught, to be taken every four hours.

26. Has passed a comfortable night; cough not so violent, and the expectoration presents no traces of blood, consisting chiefly of frothy mucus; bowels relieved; pulse still jerking slightly. Twelve leeches to be applied to the chest; the draughts to be continued.

27. Skin hot; perspired freely during the night; rest disturbed by unpleasant dreams; felt much relief from the bleeding; other symptoms more favorable; pulse, 96, moderate.

℞ Antimonial wine, ʒss.;
Tincture of digitalis, M 12;
Compound tincture of camphor, M xxv;
Water, ℥j.

To be taken every four hours; and three grains of mercury, with chalk, at bed time.

30. Has continued his remedies, with much relief; but this morning he complains of nausea and vertigo; pulse 90, and feeble. Continue the draughts without the antimony wine.

April 2. Expresses himself as being "very comfortable;" but the tumor has become more prominent, and larger at the base.

On exploring the chest to-day, I find that the sounds of the heart are heard, and its impulse felt more forcibly on the site of the tumor than on any other part of the chest. A slight bruissement accompanied the first sound, which is distinguishable *only* over the tumor; respiratory sounds, louder on the left side than on the right, and accompanied with some rhoncus and sybilis; very little of the moist crepitus remaining; percussion gives a dull sound over the whole of the left side: this test could not be applied to the right, on account of the uneasiness to which it would have subjected him. Continue the draughts, with 20 minims of antimonial wine; meat diet, without porter or wine.

13. Since last report, the tumor has increased considerably, and acquired a somewhat irregular surface; breathing has become perfectly tranquil whilst he remains in a state of rest, and his cough troubles him but very slightly; sleeps well at night, but cannot lie on the left side, in any other posture, with ease; gentle pressure on the tumor gives pain, and disturbs the tranquillity of his respiration. For the last five or six days he has again complained of giddiness and tendency to faintness, and his pulse has become feeble and irregular, beating about 96 times in the minute. The abnormal sounds have quite left the chest, as far as respiration is concerned, but the vesicular murmur is still more clearly discernible on the left than on the

right side; the skin covering the tumor has recovered its healthy appearance. A lotion was kept applied to the tumor, consisting of nitrate of potass and muriate of ammonia, of each ʒij., to half a pint of water.

27. For the last three days he has complained of headache, and to-day has been sick several times. On examining the chest, I find (what I have not before noticed) a bulging of the left side of the chest, chiefly about the curvatures of the fifth, sixth, and seventh ribs; no uneasiness in this region, but a dullness on percussion; in other respects as at last note.

At the suggestion of an esteemed friend, I have directed him to take the following, instead of the draughts, which appear to have kept his circulation at a very low ebb:—

℞ Tincture of muriate of iron, M 12;
Cinnamon water, ℥j.

To be taken every four hours.

May 8. Complains of uneasiness in the region of the tumor, which he has felt for some days, but which, to-day, amounts to pain; pulse 105, with more power; skin rather hot and feverish. Twelve leeches to be applied to the tumor, and a saline mixture, with sulphate of magnesia, to be taken every four hours.

9. Bowels well relieved; pain and excitement subdued.

13. Pain gone; complains of uneasiness in the bowels; pulse 100, moderate.

℞ Tincture of digitalis, M 20;
Aromatic confection, ʒss.;
Peppermint water, ℥iss.

To be taken every four hours.

27. The action of the heart and arteries has again become feeble and irregular; and since this state of the circulation has been again obtained, the tumor has become decidedly lessened in bulk; to-day I have been able to sound the right side of the chest; the degree of resonance is very feeble, and offers a striking contrast with that which the whole of the right side yields behind; respiratory murmur heard more clearly in every part of the chest, excepting around the tumor, but generally more loud on the left than on the right side; the voice reverberates considerably on the right side, and approaches in its character towards œgophony; on the same side, behind, may be detected a bruit, accompanying the first sound of the heart. In other respects he appears tolerably well; cough has entirely ceased, and he is enabled to sleep well; pulse weak and irregular, 100.

June 8. Better

℞ Tincture of digitalis, ʒviss.;
Tincture of hyoscyamus, ʒiss.

Thirty-five drops to be taken every six hours.

12. The tumor is nearly reduced to a level with the parietes of the chest, which in that situation have become sensibly thicker; pulse accompanied with a slight jerk. Increase the number of the drops to forty-five, three times in the day.

15. Impulse of the heart slightly increased; first sound of the heart prolonged, and accompanied with a bruit, which can be heard most distinctly by applying the stethoscope rather above, and about half an inch to the left of the tumor; pulse 95, firm, but intermitting. Increase the drops to fifty, three times a day.

July 3. The tumor has been gradually receding, and is no longer observable; the pulsation, however, is felt on laying the hand over the site which it occupied.

8. To-day the man left the hospital, without my knowledge; his breathing having become perfectly still, and every symptom so thoroughly alleviated, that he was sure he could return to work, if he could obtain it; upon this pretext he left.—*London Hospital Rep.*

Bronchocele Treated by Ligature.

F. G., an exceedingly diminutive, little girl, 13 years of age, was admitted October 13th, with a large bronchocele, which her friends wish to have removed, in consequence, principally, of the disfigurement which it causes. She has always had a slight swelling in the neck, a little on the right side of the middle line, which has increased very rapidly within the last two years; it is now about the size of a small orange, situated in front of the sterno-mastoid, and extending from the clavicle nearly to the lower jaw; it is soft, slightly moveable, and not adherent to the skin; the pulsation of the carotid is communicated to it, when pressure is made on it backwards, but not when the tumor is grasped in the fingers placed on each side. The child does not suffer any pain in it, nor does it impede respiration, except when she laughs, and then it appears to press upon the windpipe; there is no tenderness over the tumor, and the skin is of its natural color; the general health is pretty good; bowels regular.

Oct. 26. Mr. Liston having determined to tie the tumor, proceeded to perform the operation to-day. An incision was made over the tumor, extending through the skin, in the direction of the sterno-mastoid; the integuments were then dissected away from the subjacent growth, and held aside by assistants, so as to expose fully the base of the tumor. Mr. Liston then passed ligatures at the base of the tumor, in the same manner that he employs them in erectile tumors, and fairly strangulated the diseased growth. There was pretty smart venous hæmorrhage during the operation, but this was stopped as soon as the ligatures were tied, by wrapping a strip of dry lint round the neck of the bronchocele; the patient was then put to bed; cold water to be applied over the part at short intervals.

27. The patient slept tolerably well last night. She complains this morning of some pain in the throat and head; bowels not opened since yesterday morning; tongue white; pulse frequent; still some bleeding when the patient coughs. To take a dose of castor oil directly.

28. More comfortable; much less pain in the tumor, which is now getting darker colored; still slight oozing of blood occasionally.

31. Going on well; the tumor is now quite dry and black on the surface, and smells offensively; bowels kept open once a day, by giving a dose of castor oil in the morning.

Nov. 2. Hæmorrhage came on suddenly this morning at five o'clock; nearly half a pint was lost before it was arrested; the patient fainted; a piece of lint was wound firmly round the base of the tumor, and the hæmorrhage thus completely commanded. Wine and water, in small quantities, at frequent intervals, until the patient recovers.

11. Has been going on well since last report. She has been much relieved by the removal of the dead parts of the tumor; nearly the whole of it has now separated, and the wound appeared quite clean and healthy this morning, and was dressed as usual. About one, P. M., whilst the child was eating her dinner, bleeding suddenly came on, and that so rapidly, that several ounces were lost before assistance could be obtained. It was found that the hæmorrhage was venous, and proceeded from the upper angle of the wound; it was soon checked by the application of cold, and then a graduated compress and roller were applied, and the child, who was faint and frightened, put to bed.

25. Discharged. To attend as an out-patient.

Dec. 4. Patient came to-day. Wound healed, with the exception of a very small part, which is dressed with a weak solution of sulphate of copper. There is still a little fullness and puffiness around the cicatrix. To have a draught containing iodide of iron twice a day.—*London Hospital Rep.*

Obstruction in the Throat.

The patient was a widow, aged 43, and without children. A little before last Christmas she first experienced an uncomfortable feeling about the throat; for this she applied to a medical man, who examined the part affected, but could detect no tumor. Shortly afterwards she became affected with considerable difficulty in deglutition and respiration, and a tumor was then observed to be forming on the right side of the lower part of the larynx, and apparently exerting pressure on the larynx, trachea, and œsophagus. This tumor was followed soon after by a similar growth on the opposite side of the larynx. These growths gradually increased in size; the difficulty of respiration and deglutition also became gradually augmented, and suffocation was threatened. Various remedies were tried, but without effect: Dr. Johnson saw her, and suggested that tracheotomy *might* preserve her life for a very short time, and he suggested the employment of injections of beef-tea with laudanum three times a day; this kept her alive for some time. Mr. Pilcher saw her about a week before her death. He found the tumors to be situated beneath the sterno-mastoid muscles, and apparently pressing on each side of the larynx, trachea, pharynx, and œsophagus. She then breathed with great difficulty, but spoke in a voice louder than a whisper; but the exertion of speaking, or any other excitement, threatened immediate suffocation. Tracheotomy was suggested, but not urged; she would not accede to its performance. The tumor was cut down upon, and she expressed herself slightly relieved afterwards; the tumor was examined through the incision which had been made, and was found to consist of a firm, hard, fibrous gland. Although this patient had taken no food by the mouth for a very long period, she had, daily, a good fæcal evacuation. She sunk. After death, the enlarged glands were found to have exerted no pressure either on the trachea or the other parts in the neighborhood, neither did they press upon any nerves or vessels. The difficulty of breathing, then, had not depended on the tumors. On laying open the pharynx, however, the cause of death was made manifest; the submucous, muscular, and sub-muscular tissue of this canal were found to be very much thickened by a deposite of a scrofulous kind of matter. This had so narrowed the passage, as to allow scarcely any space for the transmission of even a few drops of fluid; and in one part had so thickened the anterior part of the canal, that pressure was exerted upon the air tube, the calibre of which was found to be very much diminished. The posterior and some portion of the anterior parts of the larynx exhibited the same deposite, as did the arytenoid cartilages, and the chordæ vocales. The lungs were healthy, and fæcal matter was found in the intestines. The external tumors had been, evidently, merely sympathetic.—*London Lancet.*

Poultices in Inflammations of the Great Cavities.

The application of poultices in cases of inflammation of the great cavities is a common practice in France. The usual material, says Sir C. Smith, in the Dublin Journal, for poultices is the linseed meal; and they are usually included within linen cloths. The poultices are generally so large as to cover the seat of inflammation. They should be removed and renewed every three or four hours. Particular attention to the latter circumstance is desirable, as the edges are liable to grow cold, and a disagreeable and dangerous dissipation of animal temperature is the result; and in this and in their weight consist, I think, the principal disadvantages of the system.

In the bronchial irritation attendant upon the exanthematous fevers, poultices to the chest are universally employed; and where any want of energy appears to exist in the system, preventing the coming out of the eruption, cataplasms, consisting of the usual linseed meal, with the addition of a very small quantity, say a twelfth or a fifteenth part of mustard meal, (not flour,) are applied to the feet, and maintained for days together; thus keeping up both the temperature of the extremities, and gently stimulating the skin. The same mixture is also, when necessary, applied to the calves of the legs and thighs—the practice in the latter instances being similar in intention to that adopted in Great Britain; but from the mustard meal being less irritating than the flour, and being used in so small a proportion, the sinapized cataplasms can be longer retained in their situation.

Pleurodynia, diaphragmitis, and many other affections of a painful nature, are likewise treated by poultices; and it is certain, that their effects are often, in such cases, very satisfactory.

We have long been in the habit of employing poultices in cases of inflammation of the great cavities. They are certainly useful, but to nothing like the extent which our neighbors of France seem to think. This is indeed a part of their do-little practice, a branch of the tree which bears the sloppy fruit of the demi-lavements, ptisans, and so forth. It is chiefly in cases of inflammation of the mucous membranes towards its decline, of irritation of those membranes, and of rheumatism, that they are useful. But poultices are not to be a substitute for active treatment—only a rider to it.

Guaiacum for Cynanche, and for Rheumatism.

Several cases of cynanche are related by Mr. Bell, of Banhead, in which half drachm doses of the powdered guaiacum every four or six hours, either alone or mixed up in a suitable form, were attended with remarkable success; and we recommend the reader to turn to the several cases related in the original paper in the Medical Gazette. Mr. Bell's formula is as follows:—

℞ Pulv. Guaiac. ʒiij.; Mucil. G. Arab.; Syrup. Simpl. aa. ℥ij.; Aq. Cinnamom., Aq. Puræ, aa. ℥iv. M. et solve. Capt. ℥ij. 4ta. q. q. h.

[One or two days are only required for the cure. In other cases the powdered drug was given in some simpler vehicle. It will be found chiefly successful, if given before suppuration has taken place.]

Guaiacum is a favorite remedy of Dr. Seymour's in rheumatism. In one of his late clinical lectures, in St. George's Hospital, speaking of the treatment of rheumatism, he says:—

> I generally premise a good bleeding, and afterwards administer the *guaiacum mixture*, and in a few days the patients are well. In the cases at present under our notice, I have followed out this plan, and you have seen how very successful it has proved. How the *guaiacum mixture* acts in these cases I do not pretend to say, except that it causes a profuse increase of the secretions from the skin, the bowels, and the bladder; I never find that it begins to effect a cure until all these are fully established.

Case of Retraction of the Testicle to the Abdominal Ring.

Dr. Murphy, of Liverpool, relates the following case:—

August 20, 1838. A foreign gentleman, æt. 30, was suddenly seized with the following symptoms: an excruciating pain in the right groin, increased on the slightest motion of the corresponding lower extremity; a tumor larger than a marble, and sensible to the slightest pressure, is found at the external ring; no impulse is communicated to it by coughing; the testis is absent from the scrotum, a circumstance before noticed.

He is subject to this attack five or six times in the year; the pain continues from ten minutes to an hour, and then suddenly subsides, leaving him perfectly well. When the pain is more severe than usual there is vomiting.

A large dose of laudanum was prescribed, and an exhausted cupping glass applied over the tumor. The pain ceased in a few minutes, after having continued more than twenty. When the cupping glass was removed he walked about; the testicle had descended, and the chord, which was larger and softer than usual, felt as if it was varicose, but could not be lessened by pressure either upwards or downwards. A very eminent surgeon considered it hernia; but he had never seen him during the attack.

My impression, says Dr. Murphy, of the disease was, that the testicle was attached to the omentum, by which it was occasionally retracted to the orifice of the ring. A nicely fitted truss was applied over the external ring. Fifteen months have now elapsed without a return of pain. I have a distinct recollection of having read of a similar case, and the sufferer, I think, was the celebrated Zimmerman. If the truss failed in warding off these attacks, he gave his consent to permit me to cut down on the chord and divide the omentum, or even the chord, should I deem it necessary.—*Dublin Journal, July,* 1841.

At a meeting of the Council of the London University College, before the commencement of the present session, Dr. W. H. Walshe was appointed to the chair of Pathological Anatomy, rendered vacant by the retirement of Dr. Carswell last summer. Dr. Walshe is the author of the very excellent article 'Carcinoma,' in the 'Encyclopædia of Surgery.'

M. Andral on the State of the Blood in Symptomatic and Idiopathic Fever.

Ist. If the fever be symptomatic of inflammation, the quantity of fibrin is augmented; but this increase does not depend on the fever, for there are several fevers, just as intense and long continued as the inflammatory, in which we observe no increase of fibrin; the cause of the increased quantity of fibrin is not easily discovered, and to assign any particular one, in the present state of our knowledge, would be hasty. 2d. When the fever does not depend on inflammation, we have no augmentation of fibrin, be it ever so severe or prolonged. 3d. Should simple fever become complicated, during its course, with any inflammatory affection, then the fibrin increases. 4th. Fever and inflammation may co-exist, the latter being an essential element of the former, as inflammation of the skin in small-pox, measles, scarlatina, &c.; these affections of the skin, which perhaps should not be ranged under inflammations, are unattended with the characteristic increase of fibrin; the same remark applies to ulceration of the intestines in typhoid fever; however tenaciously some physicians may adhere to the inflammatory doctrine of typhoid fever, it is certain that the ulcerations of the intestinal glands are not accompanied by that increase of fibrin which attends other inflammatory diseases. Hence, whenever fever co-exists with inflammation, and together with it constitutes one of the elements of the disease, the fibrin of the blood is not increased; for example, small-pox, typhoid fever, &c. But it is far different when inflammation springs up during the course of the fever, or is one of its effects. In a certain class of fevers, the chief cause seems to be the excessive richness of the blood. Inflammatory fevers, of a few days' duration, depend upon this cause. This richness consists in an increase of the globules, not of the fibrin. The same increase occurs at the commencement of typhoid fever, measles, and scarlatina. We do not find this augmentation of globules in inflammation; it exists in the middle period of fevers. In continued fevers, the febrile movement persists even when the globules have fallen to their normal standard, or below it, M. Andral instances chlorosis. Fever may exist with a normal state, increase, or diminuition of the globules. We find that the simple presence of fever never determines an increase in the quantity of fibrin; that fever may exist; 1st, when both fibrin and globules are in normal quantity; 2d, when the globules alone are increased, the fibrin remaining unchanged. The quantity of fibrin may fall, during typhoid fever, even so low as 0.9; at an early stage of the disease, or when it is mild, the fibrin remains unchanged, but falls as the fever is aggravated; when it assumes an ataxic character, and symptoms of prostration ensue about the fifteenth day, the fibrin also falls; but this is not the case with inflammation.

Mr. Ferrall's Remarks on the Anatomy of the Tunica Vaginalis Oculi.

As was before remarked, the inspection must he made from the front or corneal aspect of the eye. The following is the mode which I adopt:—I divide both palpebræ vertically, and turning the separated portion backwards towards the forehead and cheek respectively, fix them in this position by hooks; the conjunctiva is next divided at its angle of reflection, where it passes from the internal surface of the eyelid to the ball of the eye. The incision being made, and the edges of the divided membrane separated, the anatomist is at once struck with the inaccuracy of all former descriptions of the parts. Zinn, Soemmering, and all former anatomists, describe the ball of the eye as being cushioned on fat, and in immediate contact with its muscles. Mr. Lawrence, no inconsiderable authority on this subject, and whose opinion may be supposed to represent that of living anatomists, speaking of the anatomy of the conjunctiva, says, "thus, this membrane is reflected from the palpebræ to the whole circumference of the globe, forming a circular fold, which, at the point of reflection, corresponds to the fat of the orbit."

Having, however, separated the divided conjunctiva, we expose, not as has been described by anatomists, a cushion of adipose tissue, but a distinet tunic of a yellowish white color, and fibrous consistence, continuous in front with the posterior margin of the tarsal cartilage, and extending backwards to the bottom or apex of the orbit, where its consistence becomes less strongly marked. By proceeding in the manner I have mentioned, the parts are displayed without any elaborate dissection. The sharp end of a probe, or director, will be sufficient to separate the ball of the eye from the new organ, by breaking gently the fine cellular tissue which connects them. Its color is totally different from that belonging to its external surface, and it is here perfectly smooth, where the eye glides over it in its movements. The muscular substance of the recti muscles is no where visible, they lie on the outside of this tunic, which insulates and protects the eye in the most perfect manner.

The most beautiful portion of this mechanism, however, remains to be described. In the concavity of this tunic, and about half an inch posterior to its anterior or orbitar margin, are to be found six well-defined openings, through which the tendons of the muscles emerge in passing to their insertion in the sclerotic coat, and over which they play, as over pulleys, in their course. The tendons are loosely connected to the edges of those apertures by fine cellular tissue, which opposes no obstacle to their gliding movements.

Mr. Ferrall attributes two important offices to this tunica vaginalis oculi—it invests and protects the globe of the eye, and it regulates the direction in which the muscles of the organ shall exert their force. It especially, according to him, prevents retraction of the eye.

Traumatic Tetanus Cured.

The three cures were cases of traumatic tetanus, and in all salivation was produced, after which the symptoms gradually yielded. A case of severe opisthotonos from Guinea worm, which had appeared at three different parts in the soles of the feet and legs, is now under cure. The patient was admitted on the 4th December, fifteen days after the first appearance of the tetanic symptoms, and in a state which seemed to preclude the possibility of his living many hours. A strong cathartic was given on admission, followed immediately afterwards by a five minim dose of hydrocyanic acid combined with tinct. opii. ʒij. This seemed to give relief, and was soon repeated in an increased dose, and he at length took ten minims of the acid with ʒij. of tinct. opii. four times a day with occasional purgatives, with the most marked benefit. He can now, 1st January, walk a little, has no rigidity of limbs, and only feels very weak. The acid has been intermitted, and he now only takes half a drachm of tinct. opii. twice daily.—*Trans. of Med. Society of Bombay.*

MISCELLANEOUS ITEMS AND INTELLIGENCE

The following bill has been recently passed in the British Parliament. We regret that steps have not been taken to place the administration of the law in the hands of competent medical authorities:—

A BILL TO AMEND AN ACT TO EXTEND THE PRACTICE OF VACCINATION.

Whereas an Act was passed in the fourth year of the reign of her present Majesty, intituled, "An Act to extend the Practice of Vaccination," but no express provision was thereby made for defraying the expenses of carrying the same into execution;

Be it therefore declared and enacted, by the Queen's most excellent Majesty, by and with the advice and consent of the Lords spiritual and temporal, and Commons, in this present Parliament assembled, and by the authority of the same, That it shall be and be deemed to have been lawful for the guardians of every parish or union in England and Ireland, and the overseers of every parish in England by whom the contracts for vaccination may respectively be or have been made under the provisions of the said Act, to defray the expenses incident to the execution of the said Act out of any rates or moneys which may come or may have come into their hands respectively, for the relief of the poor.

And be it further declared and enacted, That the vaccination, or surgical or medical assistance incident to the vaccination, of any person resident in any union or parish, or of any of his family under the said Act, shall not be considered to be parochial relief, alms, or charitable allowance to such person, and that no such person shall by reason of such vaccination or assistance be deprived of any right or privilege, or be subject to any disability or disqualification whatsoever.

Report of the New Orleans Board of Health.

The whole number of deaths by the fever, reported to the Board during the season, up to November 1, was 1325; of which, 561 died at the Charity Hospital, probably near 500 at the other hospitals and charitable associations, and the balance in private practice. These deaths are considered as so many victims to the *acclimating process*, out of a probable number of 1500 subject to it at the commencement of the fever. The mortality is presumed to have been 10 to 12 per cent. in private practice, and from 30 to 40 in public and private hospitals. The gratifying fact is stated that no instance has been known where a *second acclimation* was necessary among those who have suffered from the fever, unless in the interval several winters had been spent in a northern climate. A comparison is instituted of the epidemic of the present year with those of former years, to show that its fatality is less now than formerly.

There have been ten yellow fever years since 1803, and the average loss by the fever is stated to have been not over 800. The most fatal one was that of 1822, when the deaths were [illegible]08, or 1 in 53.28 of the entire population, whereas during the last season the deaths were only 1 in 78.12. A table is also given of the mortality from all diseases for the months of August, September and October, in the years 1817, '19, '20, '22, '23, '37, '39, and '41, showing a ratio to the entire population, respectively, of 1 in 37.62, 1 in 33.09, 1 in 47.63, 1 in 31.60, 1 in 37.27, 1 in 38.76, 1 in 61.73, and 1 in 48.15. From a comparison, also, of the mortality of the years in which the epidemic *did not exist*, from 1820, the Board came to the conclusion that there is a gradual amelioration in the climate, the mortality having improved from 1 in 29.03 in the first of those years, to 1 in 35.41 in the last. By deducting from the last the mortality of the Charity Hospital, the ratio will be 1 in 46.70, and during the two last non-epidemic years only, 1 in 51.15. Of the deaths by fever during the past season, 1000 were from foreign countries, and nearly 600 were of less than one year's residence in the city.

Vermont Medical College.

The annual course of lectures will commence at Wood stock, in March next, in the new college edifice erected the past season. A new professorship, of *general and special pathology* has been established. The board of faculty consists of seven professors. By an act of the Legislature, passed in 1835, this institution was made independent of any other in the State—the charter declaring that the "trustees shall have power to give and confer all such medical degrees, honors, diplomas, or licenses, as are usually given or conferred in colleges or medical institutions."

New Operation for Stammering.

FROM A CORRESPONDENT OF THE LONDON LANCET.

An unfortunate lad has lately been most cruelly victimized by one of the stammering operators. It is needless to add that he stammers worse than ever. The most ingenious operation that has yet been proposed for relieving this infirmity, but which is likely to be claimed by numerous candidates for operative distinction, is the following:—It consists in the removal of the extremity of the coccyx by means of half a dozen elegant little instruments invented for the express purpose, and the insertion of a needle with a large eye at the extremity into the cancellated structure of the bone. The needle is so constructed as to admit of being attached to the conducting wire of a pocket galvanic battery, of about the size and similar in form to an ordinary hunting watch. When the patient wishes to speak he attaches the wire to the end of the needle, and immediately the galvanic current being transmitted by the vertebral column, issues through the fauces, and keeps the velum palati distended like a sail, and the uvula floating upon its stream like a pennant, while the voice is perfectly regulated. The eminent members of the profession who were present at the first operation performed on this principle, were completely electrified at its wonderful success. It is proposed to petition Parliament for a patent for this truly philanthropic discovery.

To Correspondents.

In reply to "Inquirer," we may remark that in cases of necrosis, it is the best practice, except in very young children, to remove the sequestrium by an operation, several months before it would spontaneously come away. Why? Protracted confinement of the patient to his bed or couch may produce sloughing of the integuments, or contraction of the limbs. The long confinement and continued discharge of matter may exhaust the constitution. The protracted continuance of the sequestrium in the new bone, may give rise to caries, and even involve the neighboring joint in disease.

"Dr. S. C. Hartwell" will see that we have made use of his kind communication. We will be happy to hear frequently from the same quarter.

"Aliguis" is not admissible. We wish to avoid the thorny paths of controversy—not that rational and temperate discussion of any practical subject is prohibited.

"T. D.", "A Student", "J. W——l", and others, will meet attention in due time.

We appreciate the motives and good feelings of "Adviser", but we have public duties to discharge, and from their due and honorable performance, *no* influence will force us to shrink

OBITUARY.

Died, in this city, on Wednesday, 29th ult., WILLIAM M. BROOKS, of Dixon's Springs, Smith's County, Tennessee; a student of medicine in the University of New York.

In announcing this sad bereavement to the friends of the deceased, we cannot allow the opportunity to pass without paying a sincere, but simple tribute to his memory. A more amiable and excellent young man we never knew. Full of the warm, the enthusiastic, and chivalrous feelings of the South, he was one of the most kind and gentle of human beings. Possessed of a superior order of talent, and having had his mind cultivated by an excellent education; zealous and devoted to the studies of his profession, there can be no doubt, but, that had his life been spared, he would, by his future career, have shed lustre on the Institution which he had selected as his *Alma Mater*. But, alas! Death has removed him from among us, and we must bow in submission to the decree of an all-wise Providence. In deploring his loss, we have the consolation of knowing, that although he was removed far from his family; still, whilst stretched on a bed of sickness and death, he was nursed with the greatest tenderness, and that every comfort was afforded him, which the most devoted affection could minister.

On the 30th ult. the remains of the deceased were removed to the place of interment, followed by the Members of the Faculty, and about two hundred of the students, with the usual badges of mourning.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, from the 25th of Dec. 1841, to the 1st of Jan. 1842.

47 Men, 40 Women, 58 Boys, 43 Girls. Total, 188.

DISEASES.

Apoplexy	5	Insanity	1
Asthma	0	Intemperance	1
Asphyxia	1	Inflammation	6
Abscess	0	Of liver	3
Bleeding	0	Of bladder	1
Bleeding from stomach	0	Of brain	2
Bleeding from lungs	0	Of stomach	1
Burned or scalded	2	Of chest	5
Casualties	1	Of lungs	20
Cholera infantum	0	Of bowels	4
Cholera morbus	0	Of throat	2
Cancer	0	Jaundice	0
Colic	0	Killed or murdered	0
Consumption	30	Locked-jaw	0
Convulsions	13	Lues Venera	0
Croup or hives	6	Mortification	0
Debility	0	Malformation	0
Delirium tremens	2	Marasmus	2
Diabetes	0	Measles	0
Diarrhœa	2	Old age	0
Death from poison	0	Organic disease of heart	4
Dropsy	3	Palsy	1
Dropsy in head	6	Rheumatism	0
Dropsy in the chest	4	Spinal disease	0
Drowned	0	Scirrhus	0
Dysentesy	0	Suicide	1
Erysipelas	8	Sprue	1
Epilepsy	1	Small-pox	5
Fever	3	Scrofula	1
Scarlet	10	Teething	1
Typhoid	4	Tumor	1
Puerperal	1	Unknown	3
Remittent	3	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	0	Varioloid	2
Intermittent	0	Whooping cough	3
Gravel	0	Worms	0

AGES.

Of 1 year and under, 41; between 1 and 2, 22; 2 and 5, 29; 5 and 10, 4; 10 and 20, 2; 20 and 30, 29; 30 and 40, 17; 40 and 50, 24; 50 and 60, 10; 60 and 70, 2; 70 and 80, 0; 80 and 90, 3; 90 and 100, 0; 100 and upwards, 0; unknown, 2.

WILLIAM A. WALTERS, City Inspector.

City Inspector's Office, Jan. 1, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, JANUARY 15, 1842. No. 3.

REVIEW DEPARTMENT.

Professor Mott's Lectures on Surgery.--No. III.

Lecture VIII.

CONCUSSION CONTINUED.

If before the exhibition of the cathartic mixture I recommended in my last lecture, the learned Professor continued, you administer fifteen or twenty grains of calomel, you will at the same time evacuate the contents of the alimentary canal, and very extensively deplete from its surface. Some have supposed that inasmuch as there is an apparent effort of nature to relieve the brain by vomiting, emetics should be given. This is, I apprehend, a very great mistake. Emetics can only aggravate the difficulty, for the vomiting is only an evidence of the injury which the brain has received. The application of blisters is, of course, highly serviceable when you desire to produce a 'revulsion.' But I have no fellowship with the application of blisters to the scalp in these cases. I always recommend them to be applied to the extremities, and the best situations there are the calf of the leg, or inside of the thigh and ankle, because the nervous sensibility appears to be greater there. You may, indeed, apply a blister to the nape of the neck, though, for my own part, I prefer the extremities uniformly. Confinement in a dark apartment, and 'absolute rest,' are, of course, to be enjoined, and that with bleeding and the regular antiplogistic regimen I have described, constitutes pretty much all the treatment proper in such cases. In a pure case of concussion, you recollect you are never to apply the trephine.

EPILEPSY FOLLOWING CONCUSSION.

Following concussion epilepsy occasionally makes its appearance. It is a very serious and unmanageable sequel of concussion, and involves many nice questions. In many such cases, on a careful examination of the skull. some irregularities on its surface have been discovered, and which were too trifiing to excite attention at the period of the occurrence of the original accident producing the concussion. Sometimes the epileptic seizures result from the pressure on the brain of spiculæ of bone, or deposites of osseous matter. The first case of this kind which fell under my personal notice, was that of a patient in St. Thomas' Hospital, London, who came under the care of Mr. Birch, a gentleman not very much distinguished as a surgeon, but esteemed by all who knew him as a most judicious practitioner. This patient had suffered from epileptic seizures for more than a year, and after a close examination of the head; it was determined that the operation of trephining should be performed, and on the portion of bone being removed, a spicula was observed, which had penetrated the membranes of the brain and entered the cerebral mass. This bony process was as like a cock's spur as any thing to which I can compare it. After its removal by this operation, the man gradually and completely recovered. Some years ago I was concerned in a still more extraordinary case. The patient was the head of a large family, but unfortunately his intellectual faculties had been greatly deteriorated from repeated attacks of epilepsy. On inquiry I ascertained that several years before he had received a severe injury on the frontal bone, but which was not supposed at the time to demand any surgical operation. I examined the case in company with a very distinguished physician, who has since retired from practice—Dr. David L. Rogers, and we found a slight irregularity of the surface over one of the sinuses, and came to the conclusion that an operation was justifiable. We accordingly performed the operation of trephining, and found a very slight projection of bone on the internal surface. The epilepsy entirely disappeared, and more strange to say, the gentleman's intellectual faculties regained their former healthful vigor. I recollect another case of a similar description, in which, unfortunately, on account of the tremulousness of the operator, who absolutely lacerated the membranes of the brain, a fatal result took place.

HEMIPLEGIA FOLLOWING CONCUSSION.

This is another sequel of concussion, and may depend on laceration of the membranes of the brain, or of the cerebral substance itself. I believe I have a specimen in my museum, in which case there was a laceration which extended into the substance of one of the hemispheres for more than one inch, and which resulted from concussion. Symptoms of compression came on shortly afterwards, and hemiplegia was the consequence ultimately. Whenever hemiplegia follows concussion, you may conclude that there is either laceration or extravasated blood—some superposition of material which produces compression. Probably blood is the most common cause. The treatment in such cases is precisely the same as in concussion. You have a deposite, and that is to be removed by the powers of the system. What have we in store to enable us to stimulate those powers to action? Why we bleed, purge and blister as long as the energy of the system will permit, and then we administer calomel—the only remedy, as far as I know, that most readily produces the effect to be desired in such cases, although the *modus operandi* of its operation on the morbid deposites on the brain, is not explained by our knowledge of the physiology of the brain. After this I have resorted to another remedy—the cajeput oil—you may give it in doses of five or six drops, on sugar, twice a day.

The lecturer then proceeded to speak of

COMPRESSION.

Compression of the brain, it was remarked, is generally represented as proceeding from four causes—extravasation of blood—depression of bone—formation of matter—and the deposite of serum. I have not, continued the learned professor, been accustomed myself to regard it as of any importance to make a distinction between the serum and the matter; as they are both alike consequences of inflammation. What is compression of the brain? It is an encroachment upon this organ, by which its important functions are interrupted. The symptoms of this encroachment are loss of sense and voluntary motion—vomiting—dilated pupils—insensibility to light—pulse slow, what is termed 'depressed,' irregular and intermitting—hurried, stertorous, 'apoplectic' breathing. First, I shall speak of compression from extravasation of blood. This is a very common case. A person may receive a blow, and after recovering from the first stunning effect, he may walk home felicitating himself on his escape, when by and bye alarming symptoms of compression may come on. Take for example, the case of a child; it falls from a little height, or receives a slight blow, perhaps, while engaged at play—it is stunned for the moment, but soon recovers—runs about as if nothing had happened, and is perhaps induced to lay quietly down to sleep. But after a while the mother observes that it is 'very heavy to sleep'; then there is stertorous breathing; and the relatives now alarmed, send for a medical practitioner. After proper inquiry, he, of course, says that this is a clear case of compression, resulting from extravasated blood following concussion; and understanding the case in this way, you will be able to treat it in a manner very satisfactory to yourselves, and not less so to the patient. The longer the interval between the concussion and the supervention of the symptoms of compression, the more indubitable will be the case; but when the symptoms run insensibly into each other, you have one of the 'dark cases' which Pott describes so well, and which are so perplexing to the practitioner. The situation of the extravasated blood varies according to circumstances. If, for instance, the patient has fallen, or received a blow on the vertex, the extravasated blood will most likely be found at the base of the skull. What are the situations in which extravasated blood is most commonly found? First, at the anterior inferior angle of the parietal bone; next, at the base of the skull—and we only know it to be there, if perchance there be a fracture; and generally speaking, that is the case when there is large extravasation in this situation; but it is of no consequence to us whether there is a fracture or not, for we cannot do any thing for it. We know that there is extensive extravasation here from the occurrence of hæmorrhage from the ears. I have known such to be the case when, on examination of the arch of the skull, nothing more than a trifling bloody tumor could be detected—no fracture—no depression of bone—nothing to account for the alarming symptoms. In such a case, when you find there is a bleeding from the ear, and that it continues after you have sponged out the concha and meatus externus, you may say that there is a fracture at the base, and along with it extravasation of blood, producing the symptoms of depression. Whenever you find a fracture, and along with it symptoms of compression, the practice is of course clear. You must trephine where the injury was received *ab externo*, as that is the most likely situation for the blood. But in cases of compression where no evidence of external injury can be discovered on the skull, what are you to do? The knowledge of the relative anatomy of the skull which you have, will lead you to a correct practice —you must perforate the skull at the anterior inferior angle of the parietal bone on one side, and if you do not find extravasated blood there, you are justified in going to the other side, for the operation of trephining is not, of course, in itself at all hazardous. Well, suppose no blood is found on the other side, what then? You are justified in dividing the dura mater—I have done so again and again, and let the blood flow out by ounces, for it does not coagulate. It runs out freely when on the surface of the dura mater. With a lancet or a sharp-pointed scalpel then, you make a cautious incision in the dura mater, first in one direction, then in another. And now after having done so and found no blood, you can safely say that you have done your duty, and that the case is beyond the reach of surgery.

The Professor here entered at some length on the description of an almost infallible mode of ascertaining the situation of extravasated blood, which we understood as consisting in 'percussing' the cranium with the finger nail, and applying the principles of auscultation to the sounds elicited. He said that the bone in such cases did not sound 'hollow,' and his ear was able to distinguish quite a peculiar sound. The learned Professor did not, however, enter into any reasoning respecting the nature of this novel source of prognosis. He then proceeded to the consideration of

FRACTURES OF THE SKULL.

I have been accustomed, said the lecturer, to divide fractures of the skull into simple—simple, with depression—compound, with depression—compound, without depression. A simple fracture is often very unimportant in itself, because it does not come into view. It may, however, lead to very distressing circumstances. The proper practice is to guard the patient against the ill consequences of such an accident, by adopting a rigorous antiphlogistic treatment.

Lecture IX.

With a view to preventing the ill consequences which frequently result from simple fracture of the skull, surgeons were formerly in the habit of recommending and performing the operation of trephining, in order that they might thereby prevent the train of evils which are well known occasionally to follow accidents of this description. And among these surgeons stands prominently that eminent man, Mr. Pott, of London, who, strange as it may seem, strongly recommends that perforation should be made along the course of a simple fracture of the skull, with a view to guard against ill consequences, especially that one which he appears most of all to have dreaded—suppuration. This gentleman is the most recent writer and practitioner among the English who has recommended this practice. But we have now arrived at a degree of knowledge in operative surgery which enables us to say emphatically, that under no circumstances should the operation of trephining be performed in cases of simple fracture of the skull, unless that fracture be accompanied by sufficiently marked symptoms of compression of the brain. If that compression be an immediate result, the probability is that it arises from extravasated blood—if remote, that it is occasioned by suppuration, or an effusion of serum from congested vessels.

The lecturer then proceeded to speak of simple fracture with depresion, which was represented as a common occurrence. If no symptoms of compression of the brain manifest themselves in such a case, it is a great question with surgeons whether the depressed portion of bone should be removed or elevated. Those who are of opinion that the depressed bone should be left, and the patient be treated merely antiphlogistically, maintain that if the brain does not suffer any immediate inconvenience, it will not afterwards; that on the contrary, it will become more patient under the pressure. That, in my humble opinion, is not by any means a good argument, although it has been advanced by high authorities. If the depressed bone remain, though no immediate bad results follow, yet we may ultimately have epilepsy, as was described in the last lecture. Still, however, you are justified by the advice of the most judicious surgeons of the age, such men as Abernethy, Sir Astley Cooper, and if you please to regard it of any weight, by my humble opinion, in leaving cases of simple fracture of the skull with depression, if unaccompanied by symptoms of compression, without an operation. In cases of compound fracture, without depression of bone, you are not, of course, required to perform an operation. You are only to treat the patient antiphlogistically and await the result of time. When compound fracture is accompanied by depression, there may or there may not be symptoms of compression. If there be compression, of course, no question can arise respecting the practice; but if there be no evidence of compression, what is the treatment? Here surgeons differ. Some prohibit any operation; but I have always maintained an opposite opinion, and always will, until something occurs sufficient to induce me to change my ground. In all cases of compound fracture of the skull, with depression, I have been accustomed to perform the operation of trephining.

The learned Professor then spoke at some length of the cases in which, after the most formidable injuries of the brain, the patients have recovered. He then proceeded to the consideration of compression of the brain from deposite of matter. These cases are often very formidable, because not properly treated in the earlier stages, when not by any means unmanageable, but do not receive the rigorous treatment which they demand, from their not being supposed to be really so dangerous. These cases are thus neglected in their earlier stages, and till it is too late to prevent the formation and deposite of matter. You never, seldom or never see inflammation of the brain terminating in deposite of matter, following immediately on the accident. What are the symptoms of deposite of matter? If in a child, as is often the case after the reception of a slight blow on the head—"a small knock on the pate," as Pott characterizes it, in ten days or a fortnight afterwards, the patient will begin to be restless—feverish—flushed face, and quickened respiration—gradually becoming comatose—pulse contracted—light painful—that is the state of things that portend the evil in question. And if it be a grown person, he will complain of pain in the tract of the great nerves—the nerves of the upper and inferior extremities. Then the patient gradually, and as it were, insensibly slides into a state of stupor and profound coma; before the occurrence of which, I may remark, there is a restlessness that is utterly indescribable—quite peculiar. And now we come to direct our attention to that 'puffy tumor' of which I have already spoken. If you examine the head in these cases where the symptoms I have just described, have followed a trivial injury, you will often find this 'puffy tumor'—which is a fluctuating one. It results from a deposite of matter or serum under the pericranium, and denoting that the dura mater is detached within. This is a fact most interesting, that there is a simultaneous deposite of matter on the outside of the skull indicating the spot where the dura mater is detached. And if there is no 'tumor,' but a wound of the scalp where the injury was received, you have an appearance which is remarkably characteristic of mischief within. This wound may perhaps have exhibited a healthy appearance for some days after the accident, but it has now a very different aspect—the granulations are flabby, and the pus is limpid and unhealthy. And what is the state of the bone? It has not the usual natural appearance. It has a dense, whitish opaque appearance, denoting most clearly that it has been robbed of its membranes. From all these indications you are enabled to arrive at the matter, and by evacuating it afford the patient a chance of recovery. If, after perforating the bone, you do not find any matter on the surface of the dura mater, are you justified in dividing that membrane? Certainly. I have done so repeatedly and successfully too. The French surgeons, indeed, do not hesitate when they have divided the dura mater and found no matter, to plunge their knife into the substance of the brain itself—but that is a wanton and senseless barbarity which cannot be too severely condemned. Sometimes from laceration of the investing membranes, either from an accident or from the pin of the trephine, which I have more than once seen happen to careless or ignorant operators, we have what is improperly called a 'hernia of the brain,' but which is more correctly designated, the

FUNGUS CEREBRI.

In consequence of the occasional occurrence of this accident, after laceration of the dura mater, some eminent surgeons have objected to the division of that membrane under any circumstances. Some have pretended to say that this fungous projection is coagulated blood. I need hardly say that this is quite a mistake. It is a fungous emanation from the substance of the brain, taking place in some constitutions under certain circumstances. It is not necessarily fatal, but if improperly treated it will be so. All styptic applications must be carefully avoided, because you cannot limit their influence. The treatment of this morbid production is exceedingly simple, and consists principally in the employment of pressure. The plan I have adopted has been to apply a firm pledget of lint immediately over the projection, and then strips of adhesive plaster, and over all a 'double headed roller,' which completely surrounds the head and applies equal pressure in all directions. I could, if I liked, make the heads of any of you ache in three minutes by the application of such a bandage! (A laugh.)

OPERATION OF TREPHINING.

This is a simple operation, nevertheless it is a very important one, and requires the exercise of considerable skill. It is especially simple when your object is merely to evacuate blood or matter, and you have merely to remove a small circular portion of the skull. But when it is performed in cases of fracture, with depression of bone, it is much more difficult. In the latter case great care must be taken that the 'pin' of the trephine rests always on the undepressed bone. It is of importance that a practitioner should recollect that the skulls of different persons are of various degrees of thickness. In some instances the skull has been found not much thicker than a large wafer.

Lecture X.

In the commencement of this lecture, the learned Professor exhibited a great and exceedingly interesting variety of skulls, collected from all parts of the world, and pointed out in a very entertaining manner the peculiarities in the formation of the craniums of the different nations of the earth. He then described and exhibited to the class, the several instruments required in the performance of the operation of trephining. Then he described the usual mode of operating, into which we do not deem it necessary to enter at present. The after treatment was to be antiphlogistic. Very generally the patient will be hemiplegic, but recovers from that in a few days. The head to be slightly elevated in the bed. The head not to be dressed till from fourteen to twenty days after the operation. The professor in speaking on this point, related a case which occurred in the practice of the late Dr. R. S. KISSAM—for many years a distinguished practitioner in the city of New York. Dr. K. had operated on a boy for some injury of the head, and forgot to see his patient till a fortnight afterwards; he went there and found the boy sitting up and amusing himself with the maggots that were dropping from his head on the floor! (A laugh.) But the case had succeeded remarkably well, and it was this circumstance that first directed the doctor's attention to the propriety of delaying the dressing of the head. Rum was the best lotion to prevent putrescense of the dressing and unpleasant odor. As for the chasm left in the bone, it never fills up. Nature, however, makes an effort to defend the brain, and throws a dense membrane across the aperture. A plate of silver may be put on. You know, said the professor, the common notion is, that the doctor puts in a gold plate. Catch a doctor at that! He puts it in his pocket! (Loud laughter.)

Professor Revere's Lectures on Inflammation of the Medulla Spinalis.

DELIVERED IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.—SESSION 1841–42.

Lecture I.

GENTLEMEN:—Under the general head of inflammation of the medulla spinalis, or 'spinitis,' I purpose to consider a numerous class of diseases which are generally considered, some of them at least, as entirely dissimilar, but which we shall see when we come to analyze the facts respecting them, manifestly run into each other, and are obviously deducible from similar pathological conditions. Under the name of 'spinitis,' I shall consider not only inflammation of the medulla spinalis itself, and its immediately investing membranes, but also of those structures with which it is connected. In order that I may give you clear pathological ideas of this interesting subject, it will be absolutely necessary for me to make some general observations on the structure, and physiological and pathological relations of this important class of organs. At the same time I will endeavor to treat the subject with all the brevity consistent with clearness. In the first place I must point out to you the ideas respecting the functions of the brain and nervous system, which were usually received before the results of the investigations of Sir Charles Bell were given to the world. The general opinion, antecedent to that period, was, that the cerebrum and cerebellum constituted a single organ, which was designated the 'sensorium commune,' or 'common centre,' and that from it the nerves passed out to all parts of the body, ultimately falling back on this organ as the origin of all their energy and power. The trunks of the nerves were supposed nearly, or precisely, to resemble each other in their constitution, differing merely in the single circumstance of the manner in which the sentient extremity of the nerve terminated. The cerebral origin of the nerve, and the trunk itself, were supposed to be in every respect constituted the same, but that the sentient extremity of the nerve differed in the delicacy of its structure according to the nature of the elements with which it was destined to deal. For example, it was supposed that the trunk of the nerve of the vision, and that of the sense of touch, were constituted exactly alike, but that the nerve of vision being destined to deal with so delicate and subtle an agent as light, had its sentient extremities constituted much more delicately—was drawn out into that beautiful and exquisitely delicate structure—the retina; whilst the nerve of the sense of touch being destined to deal with grosser and more palpable objects, its sentient extremities were connected with the other elementary structures of the body, and were of a grosser character. It was also supposed that these trunks of the nerves not only received sensations and executed voluntary motion, but that they were in fact the media through which the mind communicated with all parts of the body. This view of the structure and functions of the nervous system, is certainly simple, and explains a great many phenomena connected with this system of organs, so much so, that for ages it was received as the undoubted foundation of all medical reasoning. But nevertheless, the intelligent members of the profession, who looked beyond the surface of things, saw that however beautiful this theory may have appeared, it was encompassed with some serious difficulties, and the more these difficulties were examined, the more insurmountable and inexplicable they appeared. The various divisions and subdivisions, for example, of the diffierent portions of the enkephalon, were so entirely dissimilar, as to appear scarcely consistent with the simple theory I have described. The same remark applied to the arrangement of the nerves. They were seen to be exceedingly numerous—having various points at which they seemed united, again separating and again reuniting. It was scarcely possible that all these complicated arrangements, could be consistent with a system so simple as that I have described. It was thus that the whole system seemed to the intelligent and reflecting portion of our profession altogether inscrutable. The subject came to be deemed most important to the surgeon, whilst to the physician the brain and nervous system, instead of furnishing the basis of his reasoning, was deemed too obscure and unintelligible to be made the foundation of any pathological inquiries. The consequence was, that the physician entirely dismissed the subject from his mind, and never attempted to explain any disease by reference to the physiology of the brain and nervous system. Such was the state of the knowledge of these subjects, that pervaded the entire profession until very recently; and even now there are many very intelligent and well informed physicians, who have justly gained a high reputation for practical skill, who regard the subject precisely as I have stated, and who would consider it a piece of pedantry, if not charlatanism, for a physician to frame his diagnosis, and explain the phenomena of disease, by a reference to the formations and arrangements of the brain and nervous system. But, gentlemen, I trust that I will be enabled to show you, that since the discovery of the circulation of the blood, nothing has done so much for the science of medicine, and thrown such light on pathological questions, hitherto altogether inscrutable, as the discoveries of Sir Charles Bell. It has been shown by the discoveries of Sir Charles Bell, that the assumption that the cerebrum and cerebellum, are constituent parts of the same organ, is altogether false—that they are on the contrary, two entirely distinct organs, and severally perform peculiar functions. The cerebrum is, you know, divided into two symmetrical halves, being united by medullary matter, and like the other symmetrical organs, one half is competent to carry on the functions of both. The cerebellum is divided in precisely the same way into two symmetrical halves, and which, like the cerebrum, are united by cerebral matter. When we look at the mode in which they are united, we see that they are not only contained in separate cavities, and very differently constituted, but that the mode by which they are united and prolonged, so as to form the medulla spinalis, equally indicates the distinctness of their offices. The medulla spinalis, when properly examined, is evidently seen to be but a prolongation of the enkephalon—we can very clearly discover, by various indications hereafter to be more particularly dwelt on, that the anterior fasciculi are merely a prolongation of the cerebrum, and that the posterior fasciculi are in the same way a prolongation of the cerebellum. The anterior fasciculi are united to the cerebrum by the 'crura cerebri,' and the posterior fasciculi to the cerebellum by the 'crura cerebelli.' Sir Charles Bell was further led to believe, that each nervous filament as it passes out from these great nervous centres, performs peculiar offices wherever distributed, depending altogether on the portion of brain from whence it is derived; and here again, you will perceive he differs essentially from the theory which formerly obtained. He supposed that the nervous trunks, which we see distributed in certain parts of the body, are not to be regarded as so many distinct nerves, but merely bundles of nervous filaments, which are wrapped up together in different sheaths, merely for the convenience of distribution, and that the sheaths came together and united accordingly as it would facilitate the distribution of the nervous filaments, consisting both of nerves of sensation and motion. The experiments of Sir Charles Bell were more especially limited to the medulla spinalis, and those nerves which pass out from it. Keeping in mind, therefore, that the anterior fasciculi of the medulla spinalis, are to be considered a prolongation of the cerebrum, and the posterior fasciculi a similar prolongation of the cerebellum, let us next inquire whether a further acquaintance with facts goes to establish the correctness of these views.

Now one of the most remarkable circumstances connected with this part of the enkephalon, is the structure and arrangement of the 'compound nerves,' which are found, it is said, in all animals from man to the worm, or at least an arrangement analagous to them. Instead of arising, like the cerebral nerves, by a single root, these nerves arise by two roots—one from the anterior, the other from the posterior fasciculi of the medulla spinalis. A short distance from the point of this origin they become united; before doing so, however, they have a little knot or ganglion, which is formed on the posterior root. Sir Charles endeavored, in the first outset of his investigations, to make some direct experiments on the anterior and posterior fasciculus of the medulla spinalis, but he did not arrive at any positive results; enough, however, to convince him that his views were founded in nature and in truth. It occurred to him that he should be able to experiment on those nerves when it was impracticable to do so on the fasciculi themselves. With this view he procured a young dog, so young that the bones of the vertebral column could be easily pared away. He cut them away until a considerable portion of the medulla spinalis was exposed; then laid open these compound nerves, and applied his experiments directly to them. He found that when he touched the anterior root, no appreciable effect was produced; but when he scratched the posterior root, immediately the muscles of the back of the animal were thrown into spasmodic action, and the hair rose on end. This experiment was repeated in a number of cases, and the result was precisely the same; and Sir Charles was led, so far as these experiments went, to infer the correctness of his views. He thus saw explained what had been hitherto inexplicable—why it was that the compound nerves had a double root. It was evident that they were made up of different filaments possessing essentially different properties—the one set bestowing sensation, the other, motion. Thus we see the explanation of the difference in the constitution of the compound and the simple nerves—the latter arising by a single root, and accordingly bestowing only one property, must necessarily, in their distribution, become connected with various other nerves, in order to communicate the powers derived from them, whilst the former are much more simple in their distribution, inasmuch as they communicate both motion and sensation. These views of Sir Charles Bell were fully illustrated and sustained by a number of well established facts, before altogether inexplicable. Let me illustrate this by a reference to what takes place occasionally in paralysis. We sometimes find in such cases a loss of sensation, whilst the power of voluntary motion remains, and *vice versa.* Now assuming as formerly, that the individual nerves perform a variety of offices, the circumstance referred to, is altogether inexplicable. There must necessarily be a lesion of the nerve, but how could one of its functions be lost and the other remain? Heretofore I have alluded only to a few of the great offices of the brain and nervous system, namely, thought, sensation, and voluntary motion. But you will recollect that these constitute but a very small portion of those functional operations, which are evidently dependent on the brain and nervous system. Respiration—digestion—nutrition—the circulation of the blood—secretion—absorption—the generation of animal heat—all these are functions, manifestly as dependent on the brain and nervous system, as thought, sensation, and voluntary motion. The functions of the organs concerned in the production of these phenomena, are particularly interesting to the physician. They are, as you are aware, exercised altogether independent of thought or the consciousness of the individual, being too important to be entrusted to him, as their cessation, even for a very limited period, would necessarily be followed by fatal results. They are, therefore, kindly taken out of his hands, and their execution effected altogether independent of his will. Now the organs which excite this important class of functions, are evidently dependent on another system of nerves, which are known as the 'great sympathetic." This class of nerves is deeply interesting as connected with our present inquiries, and its paramount importance is shown by the fact that although there are various animals in which the crebrum, cerebellum, and medulla spinalis are altogether wanting, yet in them is uniformly found an arrangement analogous to the great sympathetic. And this is very easily explained. The lower classes of animals have no occasion for the exercise of thought, sensation, and voluntary motion; but digestion, absorption, &c. are all indispensable to the existence of the animal, and therefore it is supplied with a nervous arrangement analogous to the great sympathetic on which these functions are supposed to depend. This is the origin of that beautiful classification by Bichat of the functions of animal and organic life, of which you have heard so much. The most striking and characteristic feature of the class of organs called those of 'animal life' is this—that their functions can be executed only for a time, and then they must be allowed to remain for a time in a state of repose; whilst, on the other hand, the organs of 'organic life' commence the exercise of their functions at the very origin of life, and continue in uninterrupted operation till the period of dissolution. It was supposed by Bichat that the organs of organic life derived their nerves from the great sympathetic. The great sympathetic is, as you are aware, that complicated system of nerves found in the neck and trunk, and forming numerous plexuses. One of the most remarkable features of this system is the existence of numerous knots found distributed on certain parts of it, and diminished 'ganglia.' These 'ganglia' are found only in the neck and trunk, although the ganglionic system of nerves is distributed to every part of the body. The semi-lunar glanglions and solar plexuses appear to be the centre of this system, and were supposed by Bichat to impart nervous energy to the whole of this complicated system of nerves. It was from the existence of these remarkable bodies and the peculiar office they appeared to perform, that Bichat was led to call them the ganglionic system of nerves, which designation is still retained, but is objectionable on the ground that it conveys the very incorrect idea that the ganglia are found only in the great sympathetic nerve, whereas they are also found in the cerebo-spinal nerves—found in each one of the thirty-one pairs of compound nerves.

In describing the great sympathetic nerve, anatomists were formerly in the habit of considering it as constituting branches of the fifth and sixth pair of nerves. It is, however, now almost universally admitted that it is to be regarded as a separate system of nerves connected with the great nervous centres not only through the fifth and sixth pair, but also through each of the compound nerves, and this is the point to which I desire to call your particular attention.

You will recollect then, gentlemen, that the cerebro-spinal system of nerves is connected with the great sympathetic not only through the sixth pair and the second branch of the fifth pair, but also through each of the compound nerves. There are, therefore, in the distribution of these nerves, not only those which properly belong to the great sympathetic, but also nerves of motion and sensation, which are distributed to corresponding portions of the body. You will then bear in mind that most of the organs contained in the great cavities of the trunk, derive their nervous energy not only from the great sympathetic, but have also nerves of sensation and motion. And thus it happens, that although in their normal state these organs appear devoid of sensation—you may, for instance, tear portions of the alimentary canal in a healthy state without producing pain—yet when diseased, and especially when affected by inflammation, those parts become endowed with the most exalted sensibility, and manifestly resulting from the circumstance that though the nerves of sensation are not numerous, yet they are distributed every where along with the filaments of the great sympathetic nerve. And in the same way these parts, when diseased, are liable to violent and spasmodic motion, dependent on the same circumstances. It is an interesting fact to be taken in connection with this, that the same remark applies to the ganglia themselves.

Although the great sympathetic nerve is not to be considered as being derived through the fifth and sixth pair, or as not merely dependent on the brain and nervous system for its functions as the cerebro-spinal nerves are, yet it is perfectly evident that a portion of its nervous energy is derived from these nervous centres, and that they are all bound up together by the numerous connections to which I have already referred.

It is generally supposed by physiologists that the ganglia modify the functions of the nerves to which they are distributed; and as I have already remarked, it was the opinion of Bichat that these bodies were the sources of nervous energy to the great sympathetic. A more extended observation has tended to bring this matter in doubt, and thrown considerable discredit on the opinion of Bichat. I may mention, among other curious facts bearing on this part of the subject, one related by Magendie. He was anxious to see the effect produced by the removal of a number of these ganglia, and he accordingly dissected all the cervical ganglia of one side, and the first of the thorax, in a dog. No appreciable effect was produced on the functions of the animal, and the parts before deriving nervous energy from the extirpated ganglia performed their office as usual.

Of the precise offices of the ganglia we may be said, at present, to know very little indeed. Our knowledge on this point is rather conjectural than absolute. Nevertheless from the uniformity of occurrence of these bodies—from their regularity of distribution—from their size and locality being always the same—we cannot reasonably doubt that they do perform important offices in the animal economy. However, Bichat's views have been taken as the basis of almost all the reasonings of pathologists within the last twenty years. Take, for example, the pathological doctrines advanced with respect to yellow fever—Dr. Cartwright, of Natchez, undertook to say that he had proved not only from the symptoms of the disease, but from post-mortem examinations, that this disease depended on lesions of the ganglia. So also was it said with respect to that desolating pestilence which not long since swept with irresistible fury over the nations of the earth. And in truth there was much in the symptoms of this 'cholera asphyxia' to support the idea that these ganglia were diseased. So also did the examination of these ganglia after death favor the idea; they were found of a pink color, apparently the result of inflammation. But you will find precisely the same appearance in the bodies of persons dying from other diseases.

Professor Velpeau's Clinical Lectures.--No. III.

DISLOCATIONS OF THE SHOULDER.

Injuries of this kind have been considered for some time a subject of surgery perfectly well understood: but Mr. Velpeau maintains that many of the views already set forth are either erroneous or incomplete. Considering it impossible for a dislocation to take place downwards on the inferior costa of the scapula, he divides the luxations of the shoulder into those which take place in a direction anterior and internal, or posterior and external to the glenoid cavity.

The posterior and external dislocations comprise complete dislocations on the infra-spinous fossa of the scapula, (of which too many cases are now recorded to leave any doubt of their occurrence,) and incomplete dislocations in the same direction. This species of luxation has not before been described by any writer on surgery. M. Velpeau instances three cases which he has met with in practice in which he considers this dislocation had occurred. He defines incomplete dislocations to be those in which "the humerus is arrested by some point of its anatomical neck on the borders of the glenoid cavity. * * * If by incomplete dislocations," he adds, "we understand the cartilaginous surface of the head of the humerus to have only half escaped from the glenoid cavity, there is no doubt that we cannot admit the existence of such cases." The following are the symptoms, as described by the professor, of an external and posterior incomplete dislocation:—The arm half an inch longer than that of the opposite side, fixed immoveably by the side of the chest; the elbow directed forwards and inwards; the head of the humerus causing no prominence under the coracoid process, but projecting about six to eight lines on the posterior or subspinous border of the acromion; the axilla free, and the pectoralis major as well as the internal portion of the deltoid much depressed." In the case in which these symptoms were recorded, the dislocation had existed for ten or eleven months, and it was afterwards reduced by M. Sedillot, who considered the luxation a complete one. M. Velpeau gives the following reasons for believing the dislocation incomplete:—

"If the dislocation had been complete, the head of the humerus would have been found more than an inch behind the summit of the acromion, but it was only a few lines; the glenoid cavity would have been completely empty, but it was so slightly so that it was easy to confound (in a certain degree) the depression of the deltoid with that which results from a fracture of the surgical neck of the humerus; the elbow would have been brought forwards as far as the costal cartilages, and it was only slightly inclined inwards and forwards; lastly, the fossa infra-spinalis would have been almost entirely occupied by the tumor, on the anterior border of which it, in a measure only, rested."

In a recent case of this accident the same symptoms were observed: by fixing the scapula, raising the arm, and making slight extension, the humerus resumed its proper situation without any difficulty. M. Velpeau concludes that the extreme facility of reduction is an unanswerable argument in favor of the incompleteness of the dislocation.

VARIX.

M. Velpeau reviews in detail the different methods that have been used in the treatment of varix, and discards them all in favor of the following operation, which is a modification of that first employed by M. Davat, and which he prefers to all others. M. Velpeau passes a pin, similar to those used in the operation for hare-lip, underneath the varicose vein; around the ends of the pin, which protrude from the integument, a piece of strong waxed silk is firmly twisted, which strangulates that portion of the vein underneath which this pin is placed and the integument above it; the pin is allowed to remain for eight or twelve days, until an eschar is produced. Several of these pins are placed in the course of the varicose vein. M. Velpeau operated on a hundred cases without the occurrence of any serious accident; slight erythema and abscess were occasionally the result, and in only one case has this operation in his hands been followed by phlebitis and death. We quite agree with the author in his remark, that no operation will effectually cure varicose veins: the blood is directed into another channel, the smaller veins are distended and become equally distressing to the patient as those which previously existed. There is the same necessity for the support of a bandage or laced stocking after as before the operation. When the pins are allowed to remain under the vein for more than seven or eight days, an ulcer difficult to heal is the result. M. Velpeau aims at producing this, and considers that the vein will not be effectually obliterated without its occurrence. In a great number of cases where we have had an opportunity of observing the effect of this operation, the pins were removed at the end of five days, no ulcer was produced, and the cure was no less effectual. In this chapter a long history of the different operations for this disease will fully inform the reader of their nature and relative merit. In cases of

VARICOCELE,

M. Velpeau recommends the same treatment by the application of the pins and ligature as in common varix. In this operation it is of course very necessary to separate the vas deferens from the veins, and this is best done by seizing the scrotum at its root, separating the vas deferens, which is easily distinguished by its greater hardness, pulling it inwards, and guarding it at the same time with the finger and thumb before passing the needles under the veins. The needles should be applied about the middle of the scrotum, and two are required with an interval of about an inch between them. We have seen the application of this mode of treatment in varicocele, and can recommend it as being equally efficacious and much less severe than many of the operations that are practised for the relief of this distressing complaint.

Mr. Porter on Aneurism.--Second Article.

THORACIC ANEURISM.

Speaking of thoracic aneurism, Mr. Porter observes, that there cannot be a doubt that many cases have occurred, in which "the stethoscope discovered no sign of disease in the heart or aorta," nor can this be attributed to careless examination, or want of competence in the auscultator; for no later than the past winter, a specimen of aortic aneurism was *exhibited*, which, during life, had been mistaken by more than one, and treated as pulmonary consumption. Yet it often affords valuable information even in cases of this kind. Mr. Porter adduces the following as symptoms of thoracic aneurism:—There is generally some irregular action of the heart—irregular is the only word that can be used; for, in this respect, there are almost endless varieties, sometimes it is wonderfully increased—there are palpitations, faintings, and other symptoms usually considered as indicative of the existence of organic disease in this viscus: sometimes the heart's action is regular on ordinary occasions, but becomes strongly excited by walking up stairs, or any similar exertion: sometimes there is absolute intermission; but a very frequent, and, Mr. P. thinks, characteristic symptom is a want of accordance between the heart and the arteries in one or the other of the superior extremities, the heart beating violently, whilst the pulse in one arm may be scarcely perceptible. If the aneurism be previous to the giving off of the left subclavian, it may naturally affect the pulse at the wrist, but such aneurism can generally be recognised by auscultation. If the aneurism arises subsequently to the origin of the subclavian, when it is most difficult of discrimination, we do not see how it should occasion a difference between the pulse at the wrists.

One of the most curious features of thoracic aneurism is where it simulates acute laryngitis, in consequence (as supposed) of some pressure exercised by the tumor on the recurrent nerve. Mr. Porter relates an instance of this not *very* uncommon occurrence. As it is usually productive of embarrassment in practice, we shall introduce it.

"In July, 1837, I was requested by a professional friend to see a patient of his suffering from laryngitis, and, if I deemed it necessary, perform the operation of bronchotomy at once. It had been only of three days' standing: the symptoms were dreadfully urgent and pressing—so much so, that I thought I had never met a more formidable case; and the idea of an aneurism never crossed my mind, as he had been attended by two physicians, one of them a most accomplished stethoscopist. I proceeded to operate without delay, and some notion may be formed of the urgency of the case, when I state that I punctured the trachea with a trochar, rather than wait a few minutes for the purpose of controlling some hæmorrhage that was present. After the operation, which afforded immediate relief, the patient was removed to the Meath Hospital, where he died, suddenly, in three days afterwards.

The case had been one of aneurism of the superior part of the descending aorta, which terminated by bursting into the left pleura: and, as the difficulty of breathing had been relieved by the operation, I imagined it at the time to have been produced by spasm of the glottis, occasioned by pressure on the recurrent nerve. But I have since seen so many instances of spasm of this organ being produced by remote influences, and occurring under circumstances apparently so little in connexion with it, that I am unwilling to refer it to this, or indeed any particular cause, except remote sympathy—an expression which will cloak ignorance under an appearance of science as well as any other." 68.

PAIN AS A SYMPTOM.

With regard to *pain* as a symptom, Mr. Porter observes that he never knew a small aneurism, not pressing upon any important tissue, to be accompanied with any remarkable suffering, and instances are sufficiently familiar of patients having dropped dead, in whom the existence of the disease had never been suspected, in consequence of their never having uttered a complaint. But it is very different when the tumor has attained a larger size, for then severe and lancinating pains are experienced, not only in the chest, but in parts very distant from it: thus patients complain of spasms, and stitches in the side—of acute soreness in the spine of the scapula—severe and constant headache, resembling hemicrania—and one of the most prominent symptoms is cramps in the muscles of the extremities, attended, occasionally, with great debility, amounting almost to a paralytic loss of power and motion.

As an instance of the devious course which thoracic aneurism occasionally takes, Mr. Porter mentions the case of a man who was admitted into the Meath Hospital, suffering from pains in the chest, and most of the rational symptoms of thoracic aneurism—these suddenly subsided, and were shortly followed by the appearance of a soft tumor in the left groin, not distinctly pulsatile, but evidently exhibiting a weak thrill. He died in three days, and on examination, an aneurism of the thoracic aorta was found—its sac had made its way downwards between the crura of the diaphragm, and had burst behind the peritoneum: the blood was then apparently conducted down along the psoas muscle and presented at the groin.

SIGNS OF ANEURISM OF THE ABDOMINAL AORTA.

Mr. Porter, of course, discusses the "bruit de soufflet," one always valuable, if not absolutely characteristic. And he alludes to a hypothesis and suggestion of Dr. Corrigan's, ingenious if not satisfactory. Dr. Corrigan remarks:—"'if an aneurism be in a constant state of distention, equally as the arterial trunk with which it is connected, then there can be no gush of a diverging current of blood into it; there can be no vibration of its parietes, and there will of course, be no bruit de soufflet.' An aneurism of the abdominal aorta is peculiarly calculated for preventing the production of the sound in this manner, and the doctor purposes to remedy the defect by altering the patient's position. 'It occurred to me,' says he, 'that if I could relieve an aneurism of the abdominal aorta from this hydrostatic pressure, that keeps it constantly distended, thus preventing that gushing current into it which produces bruit de soufflet, this sign might become perceptible, and we should then be able, by its presence to diagnosticate aneurism of the aorta at a much earlier period than we have yet been able to achieve.' He places the patient then in a recumbent position, whilst employing the instrument. The obvious objection to this explanation is, that it supposes an aneurism to be in a constant state of distension, which it never can be as long as it contains fluid blood, and its sac is capable of yielding to the force of the heart's action: if it could be, the blood thus left in a state of repose would soon coagulate, and spontaneous recoveries be much more frequent and numerous than they are. The objection, however, is only theoretic, and with respect to the practical fact, I am quite aware that a bruit de soufflet may be heard in one position, whilst in another it may not."

TREATMENT OF ANEURISM.

Mr. Porter points out the natural modes in which aneurism may be cured—by inflammation and effusion of lymph within the artery—by gangrene—and by pressure of the tumor on the artery. Yet, says Mr. Porter, in the majority of cases, we seldom see one of them exemplified—the disease sometimes gradually subsides—sometimes suddenly disappears without our being able to explain the fact—and dissection has not hitherto satisfactorily developed the resources of nature in this particular. Mr. Porter is acquainted with a case in which an aneurism had proceeded so far as to have caused absorption of the sternum: the tumor pulsated externally with a violence that threatened its bursting almost momentarily; the patient lay on his bed, propped up with pillows, expecting nothing but the most miserable death; yet, without any obvious cause, and in despite of the prognostics of his attendants, the pulsation suddenly stopped, the tumor subsided, and he is not only alive, but strong and active at this moment.

Mr. Porter proceeds to discuss the principles of treatment in internal aneurisms—rest and abstinence. Of course he describes the method of Valsalva, and adverts to the idea and practice of Dr Stokes, the object of which was to diminish the quantity of the circulating blood, and, at the same time, increase that of the fibrine within it. He recommended small and repeated bleedings, but a diet the opposite to Valsalva's: it should be light and very nutritive, but, of course, free from any material of a stimulating nature.

Mr. Porter touches on the experiments which have been made with the view of effecting coagulation of the blood in the sac by heat, electricity, galvanism, and the injection of certain fluids. He justly objects to these, that the blood is contained in the living body, and differently circumstanced from blood in a basin. "I have performed," says he, "numerous experiments of this description myself, with the view of ascertaining the relative powers of different substances in producing a rapid and solid coagulation of fresh drawn blood, and never were experiments more completely devoid of any profitable result.

Wherever the blood became rapidly *solidified*, the appearance, and (I suppose) the nature of the mass were changed, and a new substance formed in no way resembling a natural coagulum: the result seemed to be purely chemical, and subject to the laws that govern such operations in dead and inert substances. I have already stated that similar effects would probably not be produced on blood within the system, and even if they were, I feel convinced that the presence of this new material might prove highly irritating and injurious."

Mr. Porter observes that there are few circumstances that can justify our refusing to operate for an external aneurism. Yet when there is proof of the existence of organic disease in the heart, or of the presence of an internal aneurism, or if there are two or more external aneurisms indicating a general disposition to the production of the disease, the operation ought not to be performed; and yet, when the test of experience is applied to this precept, a vast deal of uncertainty will be discovered, occasioned partly by the difficulty of obtaining proofs of the existence of internal disease, and partly by the difference in the constitution of individuals. In a case of popliteal aneurism, Mr. Porter has known a patient to suffer from terrific palpitations, with occasional fainting fits, and other symptoms of disease of the heart, to the extent to render the propriety of an operation rather questionable: yet the man could not be left to die; the femoral artery was tied, and before the patient was removed from the table all these symptoms had subsided. Nor are two aneurisms a positive bar to operation. In the Meath Hospital (during the winter of 1833-4) was a patient who had a popliteal aneurism in each leg: he was operated on for both by Mr. M. Collis, an interval of six weeks being allowed between the recovery after one and the performance of the second, and the result was in every way satisfactory. The man, however, was lost sight of.

Mr. Porter considers the question of amputation one that must occasionally be raised. If the bone is extensively carious, this is requisite. And it may be so, if the aneurism has grown to a large size, when gangrene might follow the ligature of the artery. This has usually, says Mr. Porter, been been attributed to the obstruction of the main vessel, and the inability of the collaterals to convey a sufficient supply of blood; but there are no grounds or reasons to countenance such a proposition—first, because the contrary has been proved by experience in thousands of instances; and, secondly, because gangrene, when it does occur, is not of the dry and shrivelled kind that seems to arise from diminished circulation and imperfect nutriment, but humid and moist, like that occasioned by a congested state of the veins, and an accumulation of blood within them. If, then, he adds, the tumor is very large, and has already interfered with the return of the venous blood—if the limb has become œdematous and painful—if the superficial veins are enlarged, and ramify numerously under the surface of the skin—or, if the limb is deficient in animal heat—there will be reason to dread the results of tying the artery; and, probably, many cases of mortification that have either not been accounted for, or attributed erroneously to other causes, might, on closer investigation, have been traced to this. It is also worthy of observation, that in some cases of large popliteal aneurisms, although a cure of the chief and important disease may have been effected, the patients are liable to abscesses of the limb, and to tedious and inveterate ulcers of the leg for a long time afterwards, or it may be, during their lives.

When the sac contains too great a quantity of blood for the absorbents to remove, this becomes a source of inflammation and of suppuration. This may happen about six weeks after the occurrence of the ligature. Amputation, however, is not absolutely requisite on this account, for, except in some singularly unfortunate cases, the artery has been obliterated before the sac becomes inflamed. There is no danger from hæmorrhage on opening the tumor; and the proper mode of treating such a case would be, to make a free and extensive incision into it, discharge all the matter, turn out every particle of coagulum, and then apply pressure, in order to promote agglutination of its opposite sides. The sacs of two subclavian and one carotid aneurism under Mr. Porter's care suppurated, were thus treated, and recovered without trouble, and even without an unpleasant symptom.

Mr. Porter does not think that the earthy or bony deposition in the arteries of aged persons constitute any valid obstacle to operation. In the healthiest artery the internal and middle coats are divided, and the ligature is sustained by the cellular one alone, and no more can happen with the artery of the aged person, because this earthy material has no connection with the cellular tissue. It might indeed happen that a vessel thus circumstanced would not go through the process of adhesion and obliteration, and therefore there might be risk of secondary hæmorrhage; but there can be none of its immediate occurrence. Mr. Porter has operated on an artery of this kind without any unpleasant result, either immediate or remote, and would have no hesitation in doing so again, if urged by the necessity of the case.

Mr. Porter proceeds to examine the modes of treating an external aneurism, viz. pressure—ligature on the cardiac side of the tumor—and ligature on the distal side of it.

1. Mr. Porter mentions some remarkable cases of the good effects of compression.

"Some years since, a man suffering from aneurism, was admitted into the Meath Hospital. The tumor was situated low down in the popliteal space, and was large, being fully the size of a turkey's egg. The limb was semiflexed, and could not be extended; pain very considerable, together with a sensation of numbness and tingling in the foot: tumor not compressible, at least pressure influenced its size but slightly: it was hard, and did not diminish in bulk, when the femoral artery was compressed, which, however, stopped the pulsation. With a view to humor the patient, until he could be persuaded to submit to an operation which I conceived to be absolutely necessary, I rolled a bandage round the entire limb, from the toes upwards. This, as the idea of treating the disease by compression had never been contemplated, was very loose; nor had I the least notion that the tumor could have been influenced by it, one way or the other. But, on my visit the next day, the aneurism was gone. Within an hour after the application of the bandage, the patient experienced some pain in the tumor, which soon became excruciating, and continued the entire night. In the morning the tumor no longer pulsated—it had become solid and firm, and eventually the disease was cured. On another occasion a man was admitted into the same hospital, under the care of Mr. M. Collis, with a popliteal aneurism, the history of which I do not recollect with very great accuracy, except that it was rather of a large size, not compressible, and there seemed not to be much fluid blood within the sac. A bandage was applied to this in a similar manner to that in the former case: it caused immense pain; and in the following morning the pulsation in the tumor was no longer to be remarked. It, however, reappeared after a little time, but so very indistinctly that it was a questionable matter whether the sensation was not communicated from the finger of the examiner, and not from the tumor. The application of the bandage was persevered in, and, in the course of a very few days, no doubt could be entertained of a cure.

Du Traitement médical et préservatif de la Pierre et de la Gravelle. Par le Docteur Civiale. Paris, 1840. 8vo. pp. 452.

Civiale is one of the competitors for the equivocal honor of being the first to introduce the practice of lithotrity into France. In the year 1823, he published a Treatise on Urinary Calculus, in the introduction to which, he puts forward a claim to the effect, that in the year 1818, he addressed a short memoir to the society of the old Faculty of Medicine of

Paris, in which he described his invention of an instrument for "grinding" stone in the bladder. His pretensions are, however, strongly questioned; but we have not space to enter on the controversy. Civiale was, however, the first to perform the operation on the living subject, which he done in the month of January, 1824. Since that period he has operated in an immense number of cases, but with results which are any thing but favorable to the practice.

M. Velpeau has given an analysis of five series of M. Civiale's cases, from which it appears that of 206 patients operated on, 108, (a very little more than *one in two*) recover immediately, 80, or nearly *one in two and a half* die; and 18 retain the stone, and will be lost. *One hundred and eight cases cured, ninety-eight in which death* is immediately induced, or may not be averted within a brief interval of time.

Mr. Key, in his excellent paper on this subject, shows clearly and forcibly that lithotrity is an operation that is neither so universally successful, nor so extensively applicable as might be inferred from the statements of its professors. In illustration of this position he gives the particulars of twelve cases, which we should gladly lay at length before our readers, but of which our space only permits us to subjoin an analysis:—

12 cases, of whom three were cured by lithotrity, and three, after vain attempts by this means, were cut and recovered; six died, of whom *one* with abscess in the prostate soon after the operation, *four* with protracted sufferings in consequence of fragments remaining in the bladder, and *one* with disease of the bladder, brought on or aggravated by the operation, but whether any fragments were left in the bladder or not, was not ascertained.

Our humble opinion is so fully expressed by a writer in a recent British publication, that we beg to subjoin it:—

"When we reflect dispassionately, and as physiologists and practitioners, upon the nature of the entire process in this operation, we see it impossible that the results could have been very different from what they are. Let us only consider the immediate consequences of the successful administration of lithotrity, the searching for and seizure of the stone, the necessary violence that accompanies the act of its comminution, and its condition with reference to the bladder after having been reduced to pieces, and we perceive that in the nature of things it can be no trifling operation, that on the contrary it must needs be one fraught with much danger to the patient. We know that the mere act of searching the bladder with a polished sound is often accompanied by a great amount of pain, and followed by what appears a singular degree of sympathetic disturbance; we know that the attempt to seize and extract small stones in the bladder, by the most delicate forceps, has ended fatally; and how shall the necessarily large and complicated implements of lithotrity be introduced and brought into play within the bladder, without producing a hundred times the amount of excitement and of mischief? This cannot be, and is not. And then, what shall we say in regard to the jarring and violence inseparable from the process of working a drill, or of turning a screw, or of giving the whole apparatus a smart blow with a hammer? What of a stone, which with a smooth surface was already such a source of suffering, as to make the possessor weary of his life, and willing to take the chance of any odds against the solitary hope of obtaining relief, either roughened by repeated perforations, or reduced perchance into eight or ten angular and rugged fragments? All we can do is to admire the powers inherent in the delicate tissues that compose the excretory portion of the uropoietic system, to withstand violence, and to repair themselves, bruised and maltreated as they necessarily must be, in such an operation as lithotrity, performed by the most gentle hand."

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, January 15, 1842.

The War against the Lancet.

Most of our readers are we opine aware, by this time, that the appearance of the *Lancet* has created a most delectable hubbub among sundry of the heroes of the scalpel and forceps. The Furies have been invoked, and a fierce hurricane has assailed our trim little craft as she gaily started on her first cruize. Ere the sun had sank beyond the dim and receding shore, a great lubbering Dutch-built frigate bore down upon us, as if she intended to send us with one broadside to 'Davy's locker.' Whoo!—before the 'captain of the deck' had time to bawl out his orders of death and destruction to his loggerheaded crew, we had given him a peppery spice of our quality, and were scudding along at ten knots an hour! Hurra! Many a cruize may we make to the terror of the enemies of Reform, and Science, and Man, and no fears have we that we will not ever have reason to exclaim to a goodly host of patrons in the words of Prospero—'Your breath has filled our sails!'

When the 'War' of the 'Captain of the deck' is fairly over, we will, maybe, make it the subject of an epic poem. Why not?

> "Gnats have had, and frogs and mice long since,
> Their eulogy; these sang the Mantuan bard,
> And those the Grecian, in ennobling strains,
> And in thy numbers, Phillips, shines for aye,
> The solitary shilling!"

A Word to Students.

Naval Surgeons.—It is stated in the Ledger that at the recent session of the Board of Examiners, held in Philadelphia, a great number of applications were received, but very few favorably considered. Some of those who presented themselves for examination were found to be utterly deficient in the common rudiments of an English education, and of course were rejected.—*N. Y. Herald.*

There are many who seem to think that the attainment of a knowlege of drugs and surgical instruments is all that a medical student should set before his eyes. What has grammar, or philosophy, they ask, to do with the treatment of pneunomia, or the operation for strabismus?

One of the greatest barriers in the way of the advancement of our profession has been the deficient literary and scientific education of the overwhelming proportion of students of medicine. Sufficient attention has never been paid to the acquirement of even a sound "English education" by the great mass of our students. They come to college lamentably deficient in every description of literary attainments, and after hurrying through the curriculum, enter on the active duties of professional life without the ability—taking only one view of the question—to record a case, or contribute in the slightest degree to the literature of their profession.

Whilst we pity the young men whose painful position is described in the paragraph at the head of this article, we would point to their case as one which conveys a very important lesson. If medical students have any desire to contribute to the advancement of the noble profession to which they have devoted themselves—if they wish ever to obtain a respectable standing, and avoid the disgrace and degradation which such ignorance as that to which we have adverted entails on a professional man, let them devote sufficient time to the cultivation of their intellectual faculties and the acquirement of an accurate knowledge of their mother tongue.

We will recur to this subject by and bye, when we intend entering on the subject of a reform of the present systems of medical education.

Dr. Chas. A. Lee's Monograph on the Thymus Gland.

In the last number of Hays' Journal, Dr. C. A. Lee has given us a very excellent monograph on the thymus gland, which presents a valuable compend of all that is known respecting its anatomy, physiology, and diseases, with their appropriate treatment. Dr. Lee comments in a very judicious and temperate manner on some statements and cases which have been recently published by Dr. Roberts. We have just space enough left for the summary of Dr. Lee's views on this interesting subject, and therefore waive for the present further remark.

"The conclusions, then, to which we arrive, after a full and we trust impartial survey of the whole subject, are as follows:—

1. That "thymic asthma" and "spasm of the glottis" are the same disease, which often owes its origin to irritation of the nerves of the glottis, sometimes involving the whole excito-motory system, chiefly by teething, through the fifth pair of nerves; occasionally, perhaps, to enlarged cervical glands, but very seldom, if ever, to a similar condition of the thymus.

2. That many other affections have been mistaken for thymic asthma, especially asphyxia, cyanosis, bronchitis, pneumonia, scarlatina, &c.; and that the cases which have been brought forward to sustain the belief in the existence of a *new disease* depending on hypertrophy of the thymus, are of an equivocal and unsatisfactory character.

3. In a large majority of cases, where we have reason to believe the thymus was of an abnormal weight, such enlargement is to be considered in the light of an effect and not a cause, of the morbid symptoms.

4. In most of the cases which have been latterly adduced to support the theory of the thymic origin of the croup-like convulsion, there is no satisfactory proof that the thymus was enlarged: in some it was below the normal standard; in many its weight was unascertained.

5. In many instances, the thymus gland has been found enlarged, without having produced any of the symptoms of thymic asthma, or of what has been called the "new disease;" and, on the contrary, the symptoms have existed without any enlargement of the thymus.

6. The weight and size of the thymus vary so materially in different subjects, and so little is known of its rate of increase during the first two years of life, that no standard can, at present, be laid down with sufficient accuracy, to warrant us in asserting that a deviation of a few grains more or less, exceeds or falls short of the normal weight at a given period.

7. It follows, lastly, that numerous additional observations of the weight and size of the gland, both in health and disease, are required, before we can form any well-founded and definite opinion as to its agency in the production of morbid phenomena.

The American Journal and Library of Dental Science. Edited by Chapin A. Harris, M. D., Baltimore, and Solyman Brown, M. D., New York. Nos. 1 and 2. Vol. II.

Dental surgery is rapidly attaining that honorable position among the varied departments of science, to which it is entitled, although it is comparatively very recently that it has been prominently presented as a distinctive branch of scientific investigation. The above journal is published quarterly under the auspices of the "American Society of Dental Surgery"—an association which has lately been organized for the purpose of advancing the interests of this important branch of the profession, and exposing the shallow pretensions and impositions of quackery. The "Journal" is conducted with great tact and talent, and appears to be well calculated to advance the great objects of the association, of which it is the organ. We will take an early opportunity of introducing our readers to a profitable acquaintance with several valuable articles in the numbers at present on our table.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School.

It appears that the Surgical *Clinique* of the University School has been abandoned, very much to the regret of the intelligent and respectable students of that institution. Our space is too valuable to be encroached on by any reference to the curious stories which dame Rumor has circulated, with her usual activity, respecting this event. We are happy to add, however, that at the long established and highly respectable Crosby-street School of Medicine, a similar weekly *Clinique* has recently been opened, under the auspices of Professor Parker. The following is a report of the proceedings there on last Monday:—

Case I.

Hordeolum.—A. B., a female, æt. 26. On the lower eyelid of right eye is an ill-conditioned ulcer with everted edges, which discharges unhealthy pus, and is most painful at nights Some weeks ago a stye made its appearance in this situation, which suppurated and resulted in the ulcer. Patient denies ever having had syphilis, but from the fact of there being cicatrices of a suspicious character on her forehead, from her breath having the mercurial fœtor, and from the aspect of the ulcer itself, there is reason to suspect a venereal taint.

Remarks, by Prof. Parker.—It is of course difficult to be very precise in making a diagnosis in this case. Syphilitic ulcers in this situation are rarely met with, but they may and do appear here as elsewhere. Had she not been recently under mercurial treatment, as is quite evident, I should exhibit mercury. But I shall order a prescription which will be equally appropriate whether there be a syphilitic taint, or the system be deteriorated from other causes. I will also recommend, for external application, an ointment which will produce at once a sedative and alterative effect.

℞ Hydriod: Potass: ʒiss.
Ext: Cicuta ʒi.
Syrupi Zingiber: ℥i.
Aq: ℥x.
Fiat mistura.
"An ounce to be taken in the twenty-four hours."
℞ Ung: Stramon:
—— Hydrarg: mit: aa ʒss.
Misce bene et fiat unguentum.

Case II.

Scrofulous Sarcoma.—C. D., a shoemaker, aged 30. Four and a half years ago had a severe attack of typhus fever, right foot became gangrenous, for which the limb was amputated below the knee. Six months afterwards the lymphatic glands of neck became swollen, but under medical treatment the swelling disappeared. Had syphilis and gonorrhœ three months ago, when the glands of neck again became swollen, and so continue at present. Two of the lymphatic glands over the parotid are very much enlarged, as is also one anterior to the sub-maxillary gland. General health good—appetite and digestion unimpaired—pulse regular.

Remarks, by Prof. Parker.—This man has none of the appearances set down by most people as peculiarly characteristic of the strumous diathesis. It is very probable that the absorption of the syphilitic virus, may have occasioned in some degree this difficulty. I know that in scrofulous subjects, the venereal poison often produces the most deplorable effects on the lymphatic glandular system. Our object is of course to effect the resolution of these tumors. To do so I will prescribe the following pills :—

℞ Proto-iod: Hydrarg: ℈i.
Ext: cicutæ ʒi.
Fiat massa.

I have recently had several cases of this description under my charge, and they have all yielded to this treatment. Salt water bathing and frictions, together with the application of the iodine ointment, are to be highly recommended. The diet should be of course easy of digestion, and the "milk diet," with meat perhaps once a day, will be found the best. I need not add that exercise in the open air will be absolutely necessary to aid in the invigoration of the system.

Case III.

Enormous Milk Tumor of the Mamma.—E. F., æt. 34; married; is nursing her fifth child, which is now nine months old. Has always enjoyed good health, and been actively engaged in daily toil. Right breast is enormously enlarged, and is about the size of patient's head; integuments have a perfectly natural appearance, but the superficial veins are greatly distended. No pain or uneasiness in the breast, except that arising from the distension. The enlargement commenced about six months ago, and rapidly increased till a week ago, when patient presented herself at the *Clinique*, and a puncture was made with a trochar, and three quarts of milk evacuated. To-day the enlargement is nearly as great as ever.

Remarks by Prof. Parker.—At first sight there appeared to be some difficulty in forming a correct diagnosis of this case. Hypertrophy of this organ was the first thing likely to be thought of. In some cases the mammæ became enormously enlarged in this way. In the case of a negress in Philadelphia, the breast weighed 29 pounds; and there is another case recorded, in which the hypotrophied mamma weighed 60 pounds. But in this case there was a fluctuation discovered. What was the fluid? Was it an abscess? The symptoms did not at all indicate that. Then was it a hydatid breast, or was there an accumulation of milk? It was finally determined to ascertain the contents by puncture, which resulted in the avacuation of three quarts of perfectly sweet milk: an interesting fact, showing that the milk when in contact with the living fibre, did not undergo any decomposition. The same fact obtained in reference to extravasated blood in the scalp. This extraordinary accumulation of milk was owing to some obstruction in one or more of the lactiferous ducts leading to the nipple; the milk was secreted as usual, but from the obstruction in the duct, the tube became enormously distended.

The milk was again drawn off, and about two quarts evacuated. The patient was directed to wean her child immediately.

Case IV.

Scrofulous Abscess of Manma.—G. H.. æt. 19, married last June. Strumous diathesis. Is pregnant. On left mamma are two abscesses, into which the probe can be introduced about one and a half inches. Whole of the upper part of breast is inflamed, and is much firmer than natural, but not attached to the pectoral muscle. Integuments around the abscesses are of a livid complexion. The nipple is slightly retracted. Breast is equally painful at all times. There appears to be no disturbance of the general health.

The deuto-chloride of mercury, in combination with the extract of cicuta, was recommended.

Case V.

Fracture of the Clavicle.—J. K., æt. 36. Right clavicle is fractured about the external third of the middle third of the bone.

Dr. Parker made some judicious remarks respecting De Sault's apparatus for the treatment of fractures of the clavicle, which he represented as much too complicated, although very good for enabling the surgeon to 'show off' before the common people. Two silk handkerchiefs, or the 'figure-of-eight bandage,' was all that was necessary. From its extreme fragility the clavicle was often fractured in children, and in many such cases it was most judicious to refrain from any treatment whatever.

Case VI.

Chronic Enlargement of the Testicle.—L. M., æt. 28. Some months ago received a blow on the left testicle, which is now much shrivelled, and probably incapable of performing its functions. Right testicle is, however, greatly enlarged, and there is a feeling of fluctuation. Patient has been under the iodine treatment for some weeks, and is very evidently improving.

Case VII.

Sub-fascial Abscess.—N. O., æt. 18; strumous diathesis. On outside of thigh, about two inches below the great trochanter, is an abscess which admits the probe to the extent of three inches.

A vegetable diet—the use of the hydriodate of potass, with the infusion of sarsaparilla—and stimulating injections of a solution of the sulphate of copper (four grains to the ounce) was the treatment ordered. The impropriety of employing injections of a solution of the oxymuriate of mercury in this case, was judiciously alluded to—the system might in that way be mercurialized.

Case VIII.

Fistula Lachrymalis.—P. Q., a middle-aged female.

Dr. Parker performed the usual operation with great dexterity.

TO THE EDITOR OF THE LANCET.

"*Vesico-vaginal Fistula.*—This was a case of four months standing, resulting from a severe labor of four days. Instruments were employed. An attempt to close the fistula was made, but when we had dissected up the vaginal mucous membrane, and thought of applying the ligatures, a second fistula was discovered an inch higher up, adjoining the point where the membrane joins the os uteri. The os uteri was in a state of ulceration; under these circumstances, we preferred dispensing with the operation, and were obliged to leave the patient to her distressed and miserable condition during her life."—*N. Y. Dispensary Reps.*

Mr. Editor :—

The above extract shows that the cure of this distressing accident is as uncertain now as it used to be, notwithstanding the increase of operative means lately introduced into practice. The simple fact that the worst and most defective operation ever suggested, and which belongs to that system of broad-sword surgery which has for its motto, "*pèri le monde pouran que j'en profite*," manifests that both the theory and practice, regarding this item of surgery, have not reached into the facts of the case.

The *hare-lip* operation so successful on exterior parts of the body, was transferred to this malady upon no better principle than the loose expression—*heal by the first intention, or adhesive inflammation*—a branch of surgery which has been inquired into by only one man, Hunter, and who left the subject in its infancy. Since then it has made no further progress, leaving a hiatus in science, which will continue until filled up by some one who will commence his researches by disregarding all preconceived opinions, and then follow each fact as it has birth, neglecting none, until he arrive at the end of the chain.

Accident pointed to actual cautery as another means of closing artificial orifices, since it acted thus on natural ones. And accordingly its application has been the most successful of all; but, next comes the question—if sometimes successful, why not always so? Not one word in explanation of this discrepancy is to be found in the annals of surgery.

The foregoing remarks are offered as a prelude to a comprehensive article on this subject, and which will appear in your journal, as soon as I shall have treated one or two more cases, to serve as reference; it is therefore with this object in view that I now solicit from your numerous readers to be made acquainted with a few cases for treatment, and thus have an opportunity of proving that *Vesico-Vaginal Fistula* is not only curable, but is so by mild and simple means.

Robert Nelson, M. D.
41 Franklin street.

Mode of Operating for Strabismus adopted by Dr. Mackenzie, of Glasgow.

The opposite eye being covered with a compress and roller, an assistant standing behind the patient, with the fore-finger of one hand raises the upper eyelid, and with that of the other depresses the lower.

The operator, standing before the patient, desires him to turn his eye, as much as he can, in the direction which puts on the stretch the muscle about to be divided. If the case is one of convergent strabismus, he desires him to look outwards to his temple; if it is one of divergent strabismus, he desires him to look inwards to his nose.

We shall suppose the case to be one of convergent strabismus. The reader will easily conceive that many of the observations regarding the cure of convergent strabismus, may be applied to that of the divergent variety by substituting *abductor* for *adductor*.

The steps of the operation, then, are as follows:—

1. With the forceps, the operator lays hold of the conjunctiva transversely, midway between the edge of the cornea and the caruncula lacrymalis, and raises it in a horizontal fold.

2. With the scissors, he snips this fold through vertically, along with the subjacent cellular substance, and then enlarges the incision, thus begun, upwards, and downwards, so that it extends to half an inch in length.

The incision should not be nearer the cornea than half way between its edge and the caruncula, lest in attempting to pass the blunt hook under the tendon, the operator find it impossible to do so, from the close attachment of the tendon to the sclerotica; nor ought it to be farther from the cornea, else the operator will require to penetrate deep by the side of the eyeball to reach the muscle. The conjunctiva is merely to be slit up to the extent specified; it is not to be dissected from the subconjunctival fascia, nor is any portion of it to be cut away. In this way the wound will heal more readily, and the eye be less apt to protrude after the operation.

3. The patient again averting the eye as much as he can; and the parts, if obscured with blood, being sponged, the operator insinuates the point of the blunt hook under the lower edge of the tendon of the adductor, and slides it up between the tendon and the sclerotica, till its point appears above the upper edge of the tendon. If there is any difficulty in bringing out the point of the hook at the upper edge of the tendon, from its carrying the fascia before it, the operator snips this through with the scissors, and frees the point of the hook. In this part of the operation, unless the incision be nearer than usual to the cornea, or the operator take the trouble of removing a portion of the fascia, it is rarely the case that the fibres of the tendon are distinctly perceived. They are obscured by the fascia, which is now generally injected with blood. The operator, therefore, introduces the point of the hook where he thinks the lower edge of the tendon should be, and pressing it close along the surface of the sclerotica, he takes up on the hook every thing that lies between the sclerotica and the surface exposed by the incision of the conjunctiva. The hook, entering the cavity of the capsule, where the cellular connexion of the tendon to the sclerotica is naturally very loose, is easily passed beneath the tendon. This part of the operation, therefore, gives little pain, unless the hook is not sufficiently bent, or the bent part too long, so that it must be brought out over the eyelids, and by putting the muscle on the stretch, drag severely on the eyeball. It is seldom that the patient is unable to avert the eye sufficiently, to allow the first and second steps of the operation to be performed, with no farther assistance than what has now been mentioned; but it sometimes happens that he cannot continue the eversion, at least to the necessary degree, to permit of the third step. In this case, the operator lays hold with the sharp hook, of the tunica tendinea, or, in other words, of the tendon of the muscle, where it is exposed through the incision of the conjunctiva, and without passing it deeper than the surface of the sclerotica, he moves the eye into the averted position. This he effects with a very slight degree of traction. He then intrusts the sharp hook, thus fixed, to an assistant, and proceeds to pass the blunt hook. If artificial eversion is called for at the commencement of the operation, which sometimes is the case, especially in children, the operator passes the sharp hook through the conjunctiva and into the tunica tendinea, about one-fifth of an inch from the inner edge of the cornea, and having drawn the eye into the position required, intrusts the sharp hook to an assistant, till the first, second, and third steps of the operation are completed. After the blunt hook is passed under the tendon, the sharp hook may be removed. At whatever step of the operation the sharp hook is used, it must be fixed in the tunica tendinea. It is useless to fix it in the conjunctiva; as this membrane, when we endeavor to move the eye by traction on the hook, yields, and slides away from the subjacent textures. To penetrate through the sclerotica with the sharp hook, is unnecessary.

4. The operator now takes the blunt hook in his left hand, and carrying the handle of it towards the temple, with the scissors he immediately divides, in ordinary cases, the tendon of the muscle from below upwards, and nearer the caruncula than where it is over the hook.

In this manner of operating, the muscle will most frequently be divided just where the tendinous part meets the fleshy fibres. If the distortion is slight, the handle is to be carried over the nose, and the tendon divided nearer the cornea than where it lies over the hook, and close to its insertion. If the distortion is great, the operator, before proceeding to use the scissors, should separate a considerable portion of the internal surface of the muscle from the sclerotica. The tendon being then drawn into view, the muscle is to be divided. If hypertrophied, a part of it should be cut out, which is best accomplished by passing a ligature under it with a blunt needle, tying the ligature upon the muscle, dividing the latter nearer the caruncula than where it is within the ligature, and lastly, cutting off the ligature, with a portion of the muscle which it embraces. If, in the third step of the operation, only a portion of the tendon, and not its whole breadth, appears to be upon the blunt hook, the division with the scissors should not be immediately proceeded with; but, with another and smaller blunt hook, the operator should take up the remaining breadth of the tendon, and having divided this portion with the scissors, proceed to divide the principal portion, which he has on the first hook. It must be remarked, however, that when the tendon is raised and drawn forwards on the concavity of the blunt hook, it sometimes assumes a round and contracted appearance. If the operator has any doubt about his having divided the whole of the muscle, he should not proceed to ascertain the position of the eye, and much less incautiously announce to the patient that the operation is finished, until he has examined with the blunt hook, and snipped across any portion which may have escaped. The mark of the semi-circular insertion of the muscle, with its minute tendinous fibres, adhering to the sclerotica, will show distinctly that the muscle has been divided.

Such, then, is the operation for convergent strabismus. That for the divergent variety is generally considered rather more difficult, owing to the greater narrowness of the space between the eyelids, and the insertion of the abductor being farther from the cornea than that of the adductor. As to this, a good deal will depend on the size and prominence of the eye. Upon the same general plan, the levator or depressor is to be divided, in cases of distortion upwards or downwards.

Application of Leeches to the Prostate Gland.

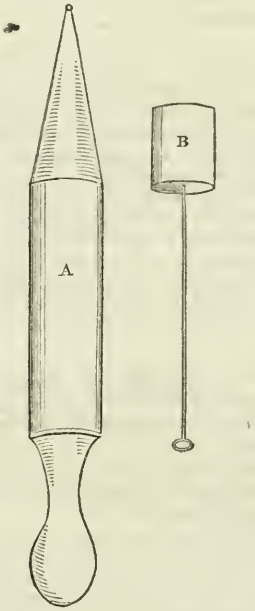
The good effects of leeches applied to the prostate gland through the rectum, in diseases of that organ, are well known. M. Bégin gives, in the "Dictionnaire de Medecine et Chirurgie Pratique," the following account of a method of applying leeches in this situation:—

"La prostatite aiguë réclame l'emploi d'un traitement antiphlogistic très actif. Au debut une on plusieurs saignées générales seront pratiqués avec avantage. On aura recours ensuite aux applications de sangsues sur la partie la plus reculée du périnée, ou même sur la face rectale de la prostrate. Pour les placer sur ce dernier point, il convient d'introduire dans l'anus un spéculum, d'un pouce à un pouce et demi de diamètre, obturé à son extrémité libre, et offrant dans toute sa longueur, une échancrure large de huit à dix lignes, fermée par une plaque à coulisse. Lorsque l'instrument est entrée dans l'intestin, son echancrure correspondant à la prostrate, on retire la plaque, et les sangsues peuvent être facilement portées sur la portion de la membrane muqueuse quélle a laissé à découvert. Après la chute des annélides, le doigt porté dans le spéculum refoule aisément les tissus qui tendent à s'y engager par son échancrure et l'instrument est retiré sans le moindre effort. Ces saignées capillaires immèdiates ont été souvent employées et toujours avec avantage."

In April, 1839, a Mr. Craig, a very intelligent surgeon at Ayr, Scotland, was consulted by a gentleman, about 70 years old, who had, in an aggravated form, all the usual symptoms of diseased prostate. There was very great effusion of blood into the bladder, the tumor was very large, and he had complete retention of urine during fourteen days, which rendered indispensable the daily use of the catheter.

He was treated by cupping, and leeching in the perinæum, and subjected to the usual routine of medicinal remedies, but quite unavailingly. Having failed to relieve the patient by these means, Mr. Craig had recourse to leeching the gland through the rectum. With a view to the accomplishment of this object, the means of applying the leeches were different from those adopted by M. Bégin, and as we deem the subject of some interest, we transfer to our columns the following description of Mr. Craig's apparatus, of which we also give a drawing. Mr. Craig's communication originally appeared in the London *Lancet.*

"I procured a tube, as is represented in the accompanying draught, about two and a half inches in length, and three quarters of an inch in diameter. Through this tube as in figure A, in the same manner as the trocar is passed through the canula, is fitted a piece of boxwood, in such a way as to allow two inches to project beyond each end of the tube, one end being made into a handle, and the other being made to terminate conically in a blunt point. The tapering form of the pointing end is gradually to dilate the anus, by which injury and uneasiness to the patient may be avoided. The little box, figure B, is of a proper size to fit the tube, and capable of containing three or four leeches; from the bottom of the box a wire projects to form a handle, by which it may be pushed through the tube when the wooden dilator is withdrawn.



When using this contrivance, it was necessary to lubricate the wood and the tube with oil, by which dilatation was produced without the slightest uneasiness, and might have been carried to nearly double the extent with equal facility. To avoid coming in contact, and thereby injuring the tender prostate, it was necessary to direct the pointing end towards the sarcum. When one half of the tube had passed through the anus, the wood was withdrawn, and the end of the tube which was in the rectum directed towards the prostate, and gently made to rest on it: the small box B was then filled with leeches, and pushed close up to the swelling, and left there till the leeches, by their increased size, pushed it down.

This operation was but once had recourse to in the case of this patient, as he immediately became more easy, the swelling had greatly subsided, the retention had ceased, and all the other symptoms were sensibly relieved; and shortly after he became perfectly well, and has since continued so.

In almost all cases of diseased prostate where leeches are indicated, this method of applying them may be resorted to, and preferred before any other, as it is accomplished with the greatest facility to the operator, and with ease to the patient. There can be little doubt of the efficacy of this practice, as M. Bégin says that it is always attended with benefit, and it was eminently useful, in the case of Dr. Henderson, of Perth, and in that related above.

In contrasting the three methods of applying leeches to the prostate, the French one appears to be most objectionable, as it cannot be done without causing considerable pain to the patient; 1st, by the pressure of the blunt end of the speculum, through the undilated anus; 2d, when withdrawing the speculum, by the friction and pressure of the edges of the slit on the tender tissues, and the traction of the projecting part which exists at the end of the slit, where the whole circumference of the speculum becomes perfect.

AYR, April 3, 1841.

[FROM TRANS. OF ROYAL MEDICO-CHIR. SOCIETY OF LONDON.]

DR. WILLIAMS, PRESIDENT.

Absorption and Regeneration of the Neck of the Thigh-bone after Fracture within the Capsular Ligament.

The patient, a woman, aged 73, lived nearly four years after the accident. On examination no vestige of the neck remained, except a triangular portion of the under surface, three-fourths of an inch in length, which, from the obliquity of the fracture, had not been detached from the head. This was articulated by a distinct capsule to a second fragment jutting out from the shaft, and firmly united to it, immediately anterior to the lesser trochanter. This adventitious joint, and a band of ligamentous structure extending from the posterior edge of the head to the capsular ligament, formed the only connection between the head and body of the femur. From the large quantity of callus thrown out by the trochanter and head of the bone, the author infers the possibility of bony union being effected.

Case of Fatal Encephalitis, with Hemiplegia, immediately excited by Cantharides, in consequence of intense Predisposition from Basilar and Internal Carotid Aneurisms.

James Hullah, between fifteen and sixteen years of age, shoemaker, admitted Dr. Kingston's patient at the dispensary, October 17, 1836.

He has for three years and a half had a throbbing tumor at the right side of the neck, which has gradually reached the size of two-thirds of an orange, but has otherwise been considered strong, and free from ailment, till this morning, when he was suddenly seized with vomiting and with numbness, and almost total loss of power of the trunk, the right arm and leg, the right side of the mouth, and the tongue. Pulse 60; bowels confined for four days. He died in thirty-eight hours and a half. during this period the urine was almost entirely suppressed; the vomiting continued frequent; there was occasional suspension of respiration, followed by spasm of the larynx: he lost, after a time, the power of deglutition, and became by degrees completely comatose.

It was ascertained that the night before the seizure he had taken some Spanish fly in an apple. The body was examined sixteen hours after death. Patches of the mucous membrane of the stomach presented a degree of redness, softness, and elevation, which contrasted strongly with the appearance of the adjacent parts. The spleen was softened. The kidneys were much conjested, and their cortical portions softened: the pelvis of the right was filled with a nearly opake, white, flaky fluid, of creamy consistence. The mucous membrane of nearly half the bladder was deeply reddened and much softened. There was a large aneurismal dilatation of the right internal carotid artery; and one of the basilar artery, of the size of a moderate walnut, which appears to have formed gradually, and without rupture of its tunics The pons Varolii had become flattened by the pressure of the basilar aneurism, and was much softened for the depth of a quarter of an inch. The right lateral ventricle contained an ounce of limpid serum, the left none.

In his evidence given at the coroner's inquest in this case, Dr. Kingston, commented upon the fact, that the fatal termination immediately occasioned by cantharides would not have resulted from so small a dose, but for the predisposing causes here noticed. And he pointed out the application of which this kind of reasoning is capable, in many trials for murder.

Two Cases of Aneurism of the Trunk of the Superior Mesenteric Artery; in one of which Jaundice was induced by the Pressure of the Sac.

The symptoms which had most attracted attention during life in the first of these cases, had been very severe pain between the shoulders along the track of the sixth or eighth dorsal vertebræ. The patient died, after an illness of about six months, in a state of great exhaustion, much aggravated by mercurial salivation.

On examination of the body, a large tumor was seen extending from behind the head of the pancreas upwards, forwards, and outwards to the right side. The ductus communis was in close contact with this sac, but was, however, pervious to a probe. The pori biliarii of the liver were universally much enlarged. The heart was small; the membrane lining its cavities universally yellow. Tubercles of a consistence like mortar, and of a yellow color, were observed in the lungs. In the head, the dura mater was unusually yellow; but both tunica arachnoidea and pia mater were free from that color. The substance of the brain was also normal in color; but a thin yellow fluid could be pressed from the divided surfaces of many of the vessels. The synovial fluids contained in the cavities of joints was yellow; their cartilages were of the normal color. The stomach contained thick yellow mucus.

Dr. WILSON observes, that this case may lead us, under similar circumstances, to apply the ear to the upper part of the abdomen, as a means of inquiry; it may also prevent our being taken by surprise, in the event of sudden death: he also remarks on the inefficiency of the mercurial treatment adopted.

In the other case noticed by Dr. WILSON, there was a tumor pulsating in the epigastric region, about the size of a small orange, which, when the patient lay flat, projected to the left of the scrobiculus cordis. When the patient turned to the left side the tumor ceased to be perceptible. On his turning to the right it might again be observed.

Between February 11th, when he was admitted, and July 12th, when he died, he was attacked with frequent hæmoptysis; and towards the last symptoms of phthisis presented themselves. In the course of this illness there was severe and increasing pain down the dorsal vertebræ, and cramp in the legs; and the tumor became more and more tender to the touch. The aneurism in this case was in the trunk of the superior mesenteric; it was large and kidney-shaped, raising up with it the pancreas, which lay at the upper extremity of the tumor.

Dr. K. notices as distinguishing points in these two cases of aneurism of the superior mesenteric artery, that jaundice was, during life, a symptom of the one, hæmoptysis of the other. In the latter case, the lungs, he observes, were extensively diseased by tubercles of the common kind.

Case of Peritonitis by Effusion of Bile into the Peritoneal Cavity, through an ulcerated Opening in the Gall-Bladder.

This case was viewed by Dr. Bell as one of rare occurrence; the inflammation which precedes ulceration of the gall-bladder, tending to adhesion of the adjacent viscera with its coats. The facts disclosed by dissection were as follows :—

Effusion of a cinnamon-colored fluid among the small intestines: convolutions of the bowels glued together by coagulable lymph. The peritoneum investing the convolutions of the small intestines, presenting on their anterior aspect a well-defined, bright red stripe.

Marks of recent inflammation of the caput coli, and of the peritoneum lining the abdominal parietes; liver not morbid; gall-bladder containing two concretions, and perforated on the side next the stomach by an ulcer of sufficient size to admit a crow quill.

The duration of the attack of peritonitis was sixty-three hours: its symptoms were not unusual or extraordinary. They were treated first by remedies intended to subdue presumed irritation; these quieted irritability of stomach, but did not relieve the pain. Then leeches, fomentations, and the other remedies, indicated by presumed inflammation, were used. Little relief seems to have been attained until an opiate enema was thrown up. All pain then ceased, and the patient continued comfortable, and apparently in a favorable state for some hours. The pulse now became contracted, quick, and feeble, without, however, any return of pain: the skin became hot and dry, and the patient gradually sunk till she expired.

Dr. Zollickoffer, late Lecturer on Materia Medica, &c., Baltimore, on the Medical use of the Euphorbia Maculata.

The consociate combination of an astringent and narcotic, which is found in every part of the Euphorbia maculata, renders it an invaluable remedy in tranquilizing and controlling those morbid conditions of the intestinal canal, which give rise to cholera infantum, diarrhœa and dysentery, *particularly* in their *secondary* stages. I have used an infusion of the plant, in the secondary states of diseased action of the maladies under consideration, with as much success as I have frequently witnessed from the exhibition of kino and catechu when administered alone, and in conjunction with opium. In the two latter affections, I have generally used the following prescription :—

℞ Euphorbiæ maculatæ foliorum exsiccat, ℥i.
Infunde in octavio aquæ bulienfis.
Capiat cochlearia magna unaquaque hora donce morbi symtomata cessantur.

The dose of the above preparation is intended for an adult. In cholera infantum, I usually give a teaspoonful of an infusion of the same strength every two or three hours, in the same quantity of water sweetened with loaf sugar. In a variety of morbid discharges from constitutional debility, or arising from relaxation of the affected part, I have found the continued use of the euphorbia maculata for two or three weeks competent to the production of the most excellent effects.

Polypus Uteri Removed by the Hand.

A woman, æt. 55, had had frequent and copious hæmorrhage from the womb. Mr. Toogood, of Bridgwater, discovered a polypus of large size. He passed his hand into the posterior part of the vagina, and soon felt the stalk of the polypus between his fingers: he twisted the neck off its attachment, and drew out "the largest polypus he ever saw." No hæmorrhage, or any other bad symptom, followed, and in a few days the patient was perfectly well.—*Prov. Jour.*

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Report on the Mortality of Lunatics.

BY WILLIAM FARR, ESQ., F. S. S.

READ BEFORE THE STATISTICAL SOCIETY OF LONDON, MARCH 15, 1841.

This report, which has been drawn up at the request of the council of the society, is founded on the reports of the Hanwell Asylum, returns from the Bethlem Hospital, and the valuable series of tables submitted to the society last year by Colonel Sykes. It was thought desirable that the mortality of lunatics in two of the largest public institutions of the country, should be compared with the mortality in the licensed proprietary houses; and that, if the mortality differed, the differences should be investigated, and traced to their causes, by the methods of statistical analysis which we now possess.

The persons of unsound mind in England amount to several thousands. They are usually of middle age, frequently parents, and are of all conditions and ranks of like: 494 lunatics confined under the Crown possess property yielding an income of £317,154. While men of the highest intellectual rank—men of genius—are not exempted from the visitations of this disease; it stoops to the lowest, and disorders the meanest brain. It makes the laborer a pauper, and too often ruins the families of the middle classes. 6402 idiots and 7265 lunatics have been returned to Parliament as paupers. A disease which disorders the senses, perverts the reason, and breaks up the passions in wild confusion,—which assails man in his essential nature, brings down so much misery on the head of its victims, and is productive of so much social evil,—deserves investigation on its own merits, by statistical as well as other methods. But it has an additional claim upon the attention of the society. A considerable portion of the insane are under confinement, and have to be provided for or watched over by the State; which, as it permits them to be deprived of liberty, is bound to afford them protection, and to assure them the best means of restoration to health.

Great improvements have taken place in the treatment of lunatics. In the best asylums they are no longer shut up in cells like wild beasts, nor punished by harsh keepers. Their chains have gradually been struck off. A further step has been attempted. At the Middlesex asylum no strait-waistcoats, straps, or other instruments of personal coercion have been used since the 21st of September, 1839. The experiment was first tried at Lincoln, and it is now contended by persons of experience, ability, and integrity —by Mr. Hill, Dr. Conolly, and the visiting justices of Middlesex,—that in a house properly built, with skilful medical supervision, and a sufficient number of humane and intelligent keepers, personal coercion should be abolished. This is denied by other gentlemen of equal humanity, who maintain that although all restraint *may* be dispensed with, the strait-waistcoat should still be employed as a remedy in the paroxysms of mania.

The Hanwell Asylum was opened on May 16th, 1831, and the number of lunatics admitted in the 9 1-3 years, ending September 30th, 1840, as shown in the following table, was 2029; the number discharged was 1171; of whom 449 had recovered, 66 had been relieved, and 656 had died: 858 remained in the asylum. More than *half* the patients die in Hanwell, and more than *one-half* are cured.—

		Men.	*Women.*	*Total.*
Admitted from 16th May, 1831, to 30th September, 1840		1013	1016	2029
Discharged during the same period, viz.	Cured	223	226	449
	Relieved	42	24	66
	Died	374	282	656
Total		639	532	1171
Remaining on 30th September, 1840		374	484	858

Proportion in 100 of patients discharged, viz.—

	Men.	*Women.*	*Total.*
Cured	35	42	38
Relieved	7	5	6
Died	58	53	56

What is the mean term of residence in the Middlesex Asylum?—This is not given in the Visiting Justices' Report, but it may be deduced from the numbers living, and the numbers discharged. Divide the 5498 years of residence by 1171, and the result is 4.48 years; which is an approximation to the average term of treatment. This is shown in the following table:—

	Lunatics discharged.	*Years of residence.*	*Mean time of treatment. Years.*
Males	639	2331	3.65
Females	532	3164	5.95
Total	1171	5498	4.48

From this and the preceding table it will be observed, that nearly equal numbers of men and women are admitted at the County Asylum, (males 1013, females 1016;) but that the number of women resident is 36 per cent. greater than the number of men, (females 339, males 250;) because women remain there about six years on an average, and men nearly 3.7 years. The men are discharged more rapidly than the women, both by death and recovery. Eleven men per cent. were annually discharged cured or relieved, and only eight women. This distinction will explain many anomalous facts: and it should always be taken into account in estimating the prevalence of disease. Thus, there may be ten times as many lunatics in civilized, as in barbarous countries and times; not because the tendency to insanity is greater, but because the lunatics live ten times as many months, or years. The tendency to insanity in a class is expressed by the proportion that become insane.

What is the mortality among lunatics in favorable circumstances? Is insanity a fatal disease?—Upon the latter question there has been a considerable diversity of opinion. Some lunatics live to an advanced age. Of 213 admitted by Dr. Conolly at Hanwell, 15 were aged 60 and upwards; one was between 75 and 80; and 58 in 753 at Hanwell had been laboring under the disorder between twenty and fifty years. In 1835 an action (Fisher *v.* Beaumont) was brought at the York assizes, to recover from the Providence Assurance Company £2000, insured upon the life of the Rev. Mr. F——. In charging the jury, the judge said that they had to consider whether insanity had a tendency to shorten life? If insanity had such a tendency, they must find for the defendant; if not, for the plaintiff. The medical evidence was conflicting; and the jury found for the plaintiff, on the ground that insanity had no tendency to shorten life!

We have no means of ascertaining the mortality of lunatics at large; but the mortality of lunatics in asylums is much higher than the mortality of the general population, and the excess cannot be ascribed entirely, although it may partially, to the confinement, the unwholesomeness, or the usages of mad-houses. The mean age of lunatics in asylums is about 35-40. The average age of the patients admitted at Bethlem (1830-34) was 36 years (36.2); and the mean age of 213 admitted at Hanwell by Dr. Conolly, was 36½. The mortality at the age of 30-40 is 1.2, and at 40-50 is 1.5 per cent. in England and Wales. In cities the mortality at a corresponding age is not more than 2 per cent. annually. Now the annual mortality at Bethlem, where dangerous cases are carefully excluded, was 9 per cent. in 1827-39. At Gloucester, one of the county asylums, at which the treatment is the most successful, the diet is generous and nutritious, and the patients live as much as possible in the open air—the annual mortality is 7 per cent.

The annual mortality of severe cases of insanity cannot, I think, in favorable circumstances, be less than 6 per cent.; so that the mortality is three times greater among lunatics than among the general population, at the same age. We have seen, however, that the annual mortality among the better class of patients in the licensed houses was 11 per cent.; among paupers at Hanwell, 12 per cent.; among paupers in the licensed houses, 21 per cent.; and among pauper men at one licensed house, 27 per cent.; as high as the rate of mortality experienced by the British troops upon the western coast of Africa, and by the population of London when the plague rendered its habitations desolate!

Statistics of Lunacy in the United States.

According to the last census, there are in the States, 4278 insane and idiotic white persons, supported at the public expense, and 1000 at private charge; of colored persons, 1957 at the public, and 845 at private cost. The whole number, therefore, of lunatics and idiots, collectively, is 17,080, in a population of 17,013,379. According to the researches of Dr. Brigham, the average number of persons who annually become insane, in the United States, is 5719

To Correspondents.

We thank Mr. Fisher for his kind communication, and intend making use of it in our next. We will be happy to receive the other valuable papers to which he alludes.

We have received from Dr. A. B. Shipman his elaborate report of the Cortlandville Trial for mal-practice, but have not had leisure to examine it. We will take an early opportunity of doing so.

If "A Student of the Crosby-street School" sends us the papers referred to, we will be able to give him an answer.

"Medicus, Baltimore," will meet attention.

To "Inquirer," we say "bide your time."

An unknown friend has kindly sent us what purports to be an extract from a medical work, but as we have not the book in our possession, we cannot ascertain the authenticity of the extract, and so cannot venture on publishing it at present.

A review of Mr. Bryant's Lecture, and other communications, have been received.

"A Young Physician" in our next.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, from the 1st to the 8th day of January, 1842.

43 Men, 53 Women, 67 Boys, 58 Girls. Total, 221.

DISEASES.

Apoplexy	1
Asthma	0
Asphyxia	1
Abscess	1
Bleeding	0
Bleeding from stomach	0
Bleeding from lungs	0
Burned or scalded	2
Casualties	1
Cholera infantum	0
Cholera morbus	0
Cancer	0
Colic	0
Consumption	37
Convulsions	19
Croup or hives	6
Debility	0
Delirium tremens	0
Diabetes	0
Diarrhœa	3
Death from poison	0
Dropsy	3
Dropsy in head	11
Dropsy in the chest	4
Drowned	0
Dysentesy	3
Erysipelas	8
Epilepsy	0
Fever	0
Scarlet	18
Typhoid	3
Puerperal	0
Remittent	4
Bilious	1
Inflammatory	0
Intermittent	0
Gravel	1
Insanity	0
Intemperance	9
Inflammation	0
Of liver	0
Of bladder	0
Of brain	6
Of stomach	1
Of chest	8
Of lungs	28
Of bowels	4
Of throat	0
Jaundice	0
Killed or murdered	1
Locked-jaw	0
Lues Venera	0
Mortification	1
Malformation	1
Marasmus	12
Measles	1
Old age	9
Organic disease of heart	2
Palsy	0
Rheumatism	0
Spinal disease	0
Scirrhus	0
Suicide	2
Sprue	0
Small-pox	8
Scrofula	2
Teething	2
Tumor	0
Unknown	1
Ulceration of throat	1
Ulcers	1
Varioloid	0
Whooping cough	2
Worms	0

AGES.

Of 1 year and under. 62; between 1 and 2, 23; 2 and 5, 23; 5 and 10, 13; 10 and 20, 7; 20 and 30, 26; 30 and 40, 28; 40 and 50, 12; 50 and 60, 10; 60 and 70, 7; 70 and 80, 4; 80 and 90, 5; 90 and 100, 1; 100 and upwards, 0; unknown, 0.

William A. Walters, City Inspector.

City Inspector's Office, Jan. 8, 1842.

THE NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, JANUARY 22, 1842. No. 4.

REVIEW DEPARTMENT.

Professor Mott's Lectures on Surgery.--No. IV.

Before we proceed with the continuation of our review of Dr. Mott's lectures, we beg to offer a few remarks relative to the opposition which we have most unexpectedly encountered in the publication of our analytical review of these discourses. Conceiving that we had a perfect right to review the labors of any public teacher, whether such labors were put forth in a book or in oral discourses, we resolved to notice those of Dr. Mott, and out of courtesy to that distinguished gentleman we waited on him, in company with Professor Pattison, and obtained his frank consent to the publication of analytical reviews of his whole course of lectures on surgery. To our utter astonishment, however, before our first number was published, we received an intimation from Dr. Mott that he could not permit us to notice his lectures in the way which we contemplated, and which had so recently met his cordial approbation. We refused to refrain from making his lectures the subject of review, and Dr. Mott then filed a bill in the Court of Chancery and obtained an injunction, prohibiting the publication of our reviews, and the whole matter is at present the subject of legal investigation, the results of which we will in due time lay before our readers.

In the meantime, however, convinced that we infringe no right, violate no law, and inflict no injustice on Dr. Mott, in so doing, we go on with our analytical review.

After having disposed of the subject of trephining, and made a number of excellent practical remarks, which we need not recapitulate, the lecturer proceeded to enter on one of the most important subjects embraced in the science of surgery—we allude to

DISEASES OF THE EYE.

The lecturer very properly, and in pursuance of the plan which he laid down at the commencement of his lectures, demonstrated with considerable clearness the relative anatomy of the eye and its appendages, which demonstration occupied the remainder of the tenth lecture.

Lecture XI.

In this lecture the Professor proceeded with the relative and surgical anatomy of the eye and its appendages. He dwelt at considerable length on the muscular structures connected with this important organ, and referred to their connection with strabismus and the operations for the removal of that deformity.

FISTULA LACHRYMALIS.

This was described as a swelling of the lachrymal sac, and sometimes as an ulceration of it from a stricture in the *ductus ad nasum*. It was remarked, that this affection sometimes results from the excessive use of mercury, and often occurs in persons of the strumous diathesis, and those who are subject to affections of the coverings of the bones. As the learned Professor divided and treated this subject so precisely in the manner of Mr. Green, of London, we therefore cannot do better than quote the remarks of that judicious oculist:—

Fistula lachrymalis may be divided into three stages:—1st, where there is only simple distension of the lachrymal sac. 2dly, where there are inflammation and suppuration of the sac. And the third stage is that in which there is a fistulous opening leading from the sac to the cheek.

SIMPLE DISTENSION OF THE LACHRYMAL SAC.

The first symptom which leads the patient, in this stage, to observe any thing amiss with the eye is, that on reading or exposing it to the wind, there is a watering of the eye; in a short time this becomes constant, and then a swelling appears at the inner corner of the eye, arising from distension of the lachrymal sac, the tears collecting in it. These produce irritation; mucus and purulent matter is secreted; but when the sac protrudes, pressure made on it pushes the tears or mucus either through the puncta, over the face, or down the nose. The complaint sometimes remains in this stage for many years (pressure being occasionally made on the sac to empty it) with only little inconvenience. From the pressure of the distended sac, and obstruction of the nasal duct continuing, or some accidental cause, irritation is excited, and the second stage produced.

INFLAMMATION AND SUPPURATION OF THE LACHRYMAL SAC.

This affection is attended by a puffiness of the inner corner of the eye, redness of the surrounding skin, which becomes swollen and hard, from the effusion of lymph. Suppuration having commenced in the sac, ulceration comes on, and the matter effects an external opening, by which it is discharged. Now, obstruction, inflammation, and suppuration, do not always take place in the course of the *ductus ad nasum*, from ordinary causes; but the progress of the complaint, when arising from ordinary and from specific causes, will be different. An opening being thus made in the sac, it is rendered permanent, or kept open, by the flow of pus and tears out of the wound, over the cheek; the disease then arrives at the third stage.

FISTULOUS OPENING FROM THE SAC TO THE CHEEK.

In this stage of the complaint, the patient is distressed a good deal by frequent returns of inflammation and suppuration of the sac.

Treatment.—Although various means have been attempted in the cure of this complaint, no plan has been yet laid down that has proved successful; or, at least, the benefit to be derived from the means and treatment recommended, is in most cases very slight. In many cases little need be done but to evacuate the sac, for the purpose of preventing irritation in those cases where there is simple distension of the sac. One cause of this complaint is a vitiated state of the follicles of Meibomius; when matter is secreted and the eyelids are closed together, an irritation is thus produced in the lachrymal sac—in these cases the lids should be washed with tepid water, and smeared every every night at bed time, with a little of the unguentum hydrargyri nitratis. By this means, and attending to the constitution, and removing irritation as it arises, the patient may remain in that state for years. When the obstruction is complete, the distension considerable, the attacks of inflammation frequent, and suppuration has commenced, another kind of treatment must be adopted: in this stage the object of your treatment will be to effect a natural passage for the flow of the tears, that is, through the nasal duct, instead of their flowing over the face. Anel is the first who attempted to procure a passage for the matter and tears into the sac, when the natural one was obstructed; and this he did by introducing a very fine probe through one of the puncta and lychrymal sac to the *ductus ad nasum*, and thus dilated the stricture; but the instrument was so flexible and thin, that it was ill calculated to overcome the obstruction. My friend, Mr. Travers, who has had most extensive opportunities of watching the progress and trying the effect of different treatments in this disease, recommends the use of an instrument of this kind; it is, however, somewhat different; it is more nail-headed, and not of the same exceeding fineness, being more effectual for removing the obstruction. Anel likewise constructed a small syringe, the mouth of which was to be introduced into one of the puncta, tepid water was then to be injected through the punctum and sac to the nasal duct; but the injection of fluid was found inadequate to overcome the obstruction. It is a useful instrument in gleety discharges from the sac or duct, but beyond this it is quite inefficient.

Mr. Wathen recommended that a hollow metallic tube should be introduced into the *ductus ad nasum;* the object of its being hollow was to allow the passage of tears through it, but it was found inadequate; it soon became filled with mucus. M. Dupuytren is in the habit of using a gold tube in this way, and it is said that most of his cases are cured: this I should doubt; and in one case I know it did not succeed. Mr. Pott also advised the use of bougies for removing the obstruction. The plan laid down by Mr. Ware is the one now generally adopted; it consists of introducing a nail-headed style into the *ductus ad nasum,* and letting it remain there. The style should be just large enough to allow of the flow of the tears by the side of it. If no opening has been made from the repeated inflammation, the mode you will adopt to make one is as follows:—you direct the patient to be seated, and then standing behind him, you pass your hand round the patient's head, open the lachrymal sac, and then carry a blunt-pointed bistoury inwards and downwards and divide the obstruction; the instrument with which you make the external opening is a phymosis knife. Having done this, you ascertain whether the passage is free, and then introduce a nail-headed style about an inch and three-eighths long; the head of the style is to lay obliquely on the front of the cheek, and a piece of adhesive plaster spread on black silk to be put over it, which will prevent persons from suspecting that there is any thing wrong with the eye. The style requires to be removed once a day, for the first week, and to be washed; sometimes there is a little irritation produced by its introduction; but, in general, there is none, and the comfort the patient experiences is very great; the water ceases to flow over the cheek—the sight becomes stronger—the tendency to inflammation is obviated; and indeed, so much comfort is experienced, that the patient is loth to dispense with the use of the style. Although the relief obtained from this plan is great, yet it was in reference to it that I said just now that no plan of treatment had yet been decided on which generally proved successful; for this mode must be considered more in the light of a palliative than a curative remedy; the obstruction frequently returning when the style is removed. It sometimes happens that from disease about the bones of the nose, a fistulous opening from the sac to the nose is formed. If you should operate in such a case, you must introduce a sharp-pointed instrument, either a probe or a trocar, through the fore part of the os unguis into the nose, and the only point which remains is to keep open the perforation by a sponge tent, or nail-headed style; but it becomes rarely necessary to perform this operation.

Lecture XII.

In this lecture, the subject of fistula lachrymalis was continued. Allusion was made to the late Sir WILLIAM BLIZARD's plan of effecting the removal of stricture of the duct, by the introduction of quicksilver, which was represented as ingenious but inefficient. The inflammation was to be got rid of by the usual antiphlogistic treatment—general bleeding—purging—fomentations—matter to be evacuated, and then the operation of Mr. Ware was to be performed, which is described in the extract we have just given. The time during which the 'style' is to be worn is various. In some instances it has been worn for years, but from three to six months is the length of time generally necessary. After the removal of the 'style' a little aperture remains, the closure of which may be effected by scarifying its edges.

Professor Revere's Lectures on Inflammation of the Medulla Spinalis.

DELIVERED IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.—SESSION 1841–42.

[REPORTED BY THE EDITOR.]

Lecture II.

GENTLEMEN:—The connexion existing between the medulla spinalis and the great sympathetic, through the medium of the compound nerves, and which I endeavored to explain in my last lecture, will be found of inestimable value in enabling us to form our diagnosis in a class of diseases which would otherwise appear utterly unintelligible. These views will form a clue by which we will be enabled to thread with perfect freedom, mazes of symptoms which had hitherto baffled all investigation. Before speaking of the lesions of the medulla spinalis, and particularly those resulting from inflammation of this organ, it will be proper to make a few remarks on our systems of medical reasoning, with respect to the seat of diseases. You are well aware that the basis of all sound reasoning in medicine is a just diagnosis, and that it is absolutely impossible for us to frame sound pathological conclusions, or legitimate practical deductions, unless our diagnosis in reference not only to the nature, but the seat of disease, be absolutely correct. We must recollect that our sensations, which are our chief guide, and are for the most part faithful in leading us to the truth, nevertheless often lead to false results, if exclusively depended upon. We generally look to a part in which a diseased sensation exists, as if the disease must have its actual location there, and as a general rule that view is perfectly correct; but we are never to forget that it is liable to numerous exceptions. If, for example, I have a pain situated in my hand, or a sense of pricking, or numbness, or a want of sensibility, the first impression is that the disease is situated there, at the sentient extremities of the nerves. But this supposition may be altogether erroneous: the morbid sensation may depend on a lesion, either of the cerebral origin of the nerve, or of some portion of its trunk, remote from the part in which the manifestation of disease is present. Now medical men are in the habit of reasoning very superficially on this point. If pain is felt in any part, they infer that the disease is there, and it is perhaps only in the single case of paralytic affections, that practitioners are in the habit of looking back to the cerebral origin of the nerves, as the seat of disease manifesting itself at their extremities. And here again their reasoning is often defective, for they seem to think that in no case can paralysis occur in consequence of an impression made on the sentient extremities of the nerves, which we know is sometimes the case.

Let me take, for example, a common instance—a person is exposed to a vivid flash of lightning, and the result is amaurosis, or paralysis of the retina. And again, a person is exposed to a very loud sound, and becomes deaf from the violent impression made upon the sentient extremities of the nerve. Pungent odors in the same way have been known to destroy the sense of smell. Exposure of the face to a stream of cold midnight air, has also occasioned paralysis of the part thus exposed. But although in cases where the extremities are concerned, we may reason with accuracy; yet when the internal organs are the subjects of disease, we are very apt to infer that the morbid lesion is to be sought for only there. Suppose, for instance, that a person comes to us with a chronic cough and pain in the side, we at once infer that these symptoms are dependent on a lesion of one of the lobes of the lungs; and in the great majority of cases our reasoning is undoubtedly sound. But it would be very false reasoning to infer that this must uniformly be the case; on the contrary in some of these cases where the pain is situated in the side, and to a superficial observer, dependent on lesion of the sentient extremities of the nerves, it is easily traced to a morbid condition of the cerebral origin of the nerves, or of the medulla spinalis.

I will now proceed, gentlemen, to the immediate consideration of

INFLAMMATION OF THE MEDULLA SPINALIS.

Inflammation of the spinal marrow, is manifested by a variety of symptoms. some of them sufficiently obscure, but yet with a proper understanding of the functions of the medulla spinalis, they are by no means unintelligible. We are to recollect that in its general structure and arrangements, the medulla spinalis precisely resembles the brain itself. Like the brain it is enclosed in a strong bony case—surrounded by its appropriate membranes—whilst its material substance is constituted very much like that of the cerebellum. The principal peculiarities of the medulla spinalis, as regards the diseases to which it is liable, and the symptoms by which these diseases are indicated, are referable to the jointed and moveable character of the bony case in which this organ is enclosed, and also to the fact that it is the source from which the compound nerves are derived. Now the cord is liable to precisely the same affections, the same lesions, which we have described as occurring in the brain itself. It is liable to inflammation, terminating with precisely the same results as in the brain; that is to say, with effusion—the formation of false membrane—the deposition of pus—the formation of tubercles, or other tumors—and to the process of *ramollisement*. As in inflammation of the enkephalon, the symptoms are sometimes obscure and apparently insignificant, although the disease itself may be violent. In other cases they are very protracted, and in others again extremely rapid, running their course like inflammation of the brain in a very few days. Another feature frequently present in inflammations of the spinal cord, is the periodical character of the attacks. Circumscribed inflammatory affections of the cord of a chronic character are also of frequent occurrence, and may be traced from the peculiar symptoms induced by them. As I have already remarked, the attention of pathologists has, within the last four years, been very keenly directed to this class of diseases, and the consequence has been that a great amount of new light has been thrown upon a most important branch of medical investigation, embracing all that numerous family of diseases generally known under the name of the 'neuroses,' which are manifestly connected with lesions of the medulla spinalis. To those of you who are advanced in the profession, and with whom the hitherto generally received doctrines are familiar, I need net speak of the mystery in which this class of diseases have hitherto been enveloped. It is admitted that they have constituted the very opprobria of the profession. They are protracted in their nature—difficult of treatment—presenting a great variety of complicated symptoms, which, according to the ordinary views of the subject, are altogether inexplicable, and consequently these cases have been neglected and grossly mismanaged.

In treating of inflammations of the medulla spinalis, it will be proper to speak of them under three principal heads:—

First, of those inflammations of the medulla spinalis, where the nature of the disease is obviously indicated by the symptoms, and in which the post-mortem appearances have corresponded to these symptoms.

Second, of those cases, mild in their character, very apt to assume a chronic form, and which we may see are dependent of lesions of the medulla spinalis.

Third, I shall take up the more prominent of that class of diseases called the 'neuroses,' in order to show that they are intimately connected with lesions of the medulla spinalis.

I am then to speak, first, of those inflammatory affections of the medulla spinalis, in which the seat of the disease is sufficiently indicated by the symptoms and post-mortem appearances. I shall not pretend, in making these observations, to refer to that important class of cases in which the bony structures are involved, because they belong to surgery. And let me also inform you, that my descriptions will not be fanciful, but true and faithful copies of nature, being in fact, little more than a repetition of what has been observed by every practising physician, recorded on the highest authority, such as I have myself seen, and such as you will doubtless meet with. And I also wish you to bear particularly in your minds, what I have stated respecting the functions of the medulla spinalis, and the intimate relationship existing between it and the great sympathetic, through the medium of the compound nerves.

Inflammation of the medulla spinalis may occur at any age, and in either sex; it is, however, most frequently met with after the age of puberty, and oftener in females than in men. The symptoms which characterize inflammation of the medulla spinalis, are pain and morbid sensibility in that part of the spine where the inflammation exists. The inflammation is in some cases circumscribed, seizing on a particular part and confining itself there; in other cases it spreads slowly along, and in such cases its progress is marked by the pain, which also gradually extends. The pain then sometimes will begin about the upper part of the spine, and will remain there, affecting the functions of that particular part of the cord. Sometimes there will be violent pain of the head, when the inflammatory action is confined to the upper part of the neck; and in other instances the muscles of the face will be affected—there may be rigidity of the muscles of the neck—very often there is pain descending along the course of the spine, till it reaches the lumbar vertebræ, when perhaps it will be exquisitely severe, and then it will dart towards the crest of the ileum; and in other instances along the course of the ureters, attended with numbness of the thighs, difficulty of micturition, and various indications of functional derangement of the lower extremities. The pain is in some cases excruciating, the patient being absolutely frantic. Sometimes there is retention, and at others incontinence of urine; in some cases obstinate constipation, and in others involuntary evacuation of the fæces. When the pain is about the middle portion of the cuvical vertebræ, we have sometimes rigidity or distortion of the neck, and occasionally pain and tumefaction of the thyroid cartilage, or the thyroid body; the function of respiration being in such cases greatly impeded, and often accompanied by great difficulty of speech and deglutition. Sometimes there is tetanic rigidity of the muscles of the throat, the teeth being spasmodically closed as in trismus. When the inflammation is seated in the dorsal region of the spine, then the functional derangements are generally referable to corresponding portions of the trunk. In some instances there is pain of the left mamma—in some cases there is violent palpitation of the heart, and pain in the epigastric region. In those cases where the lumbar portion of the spine is the seat of the lesion, there will be weakness and loss of sensibility in the lower extremities, derangement of the pelvic viscera, particularly the bladder, uterus and rectum. In some instances the whole of the medulla spinalis is in a state of inflammation, and then the symptoms are referable to the whole body. In some cases, for example, there will be complete tetanic rigidity of all the muscles of voluntary motion, with opisthotonos, or emprosthotonos.

I may here remark, that there is generally a manifest analogy between the symptoms during life, and the lesions which are discoverable after death, showing the soundness of the views I have mentioned. But then you are not to understand that this is always the case. In some instances where the symptoms seem most positively to point out these circumscribed portions of the spine as the seat of disease, we will find that the post-mortem appearances do not present an entire response. I may add, that in some cases inflammation of the cord is complicated with inflammation of the brain.

These acute inflammations of the cord are often the effects of exposure to the vicissitudes of the weather, as regards the temperature; sometimes of strains or direct injuries inflicted on the spinal column; in other instances they come on spontaneously, precisely as occasionally obtains in inflammatory affections of the brain, whose existence is perhaps never suspected till fatal disorganization has taken place.

A great deal has been written on the subject of inflammations of the medulla spinalis, but the books which I would most recommend are the treatises of Abercrombie, Chevalier, Ollivier, and Duchablet, which present mines of unalloyed gold to the student in this most important department of medical investigation. It is a curious fact, however, and one which forcibly impressed itself on my mind in reading these admirable works, that their distinguished authors do not appear to have been struck in the slightest degree with the numerous and vivid illustrations of the correctness of Sir Charles Bell's views, which presented themselves before them in the course of their inquiries.

In order, gentlemen, to confirm and illustrate the views I have laid before you, I propose to relate to you a number of cases of inflammation of the medulla spinalis, and in doing this I have preferred selecting those which have not come under my own observation, but have fallen under the notice of the distinguished writers to whom I have just referred. I shall merely present an abstract of a few cases illustrative of those in which the symptoms are obvious, and responded to by the post-mortem appearances.

[TO BE CONTINUED.]

Mr. Porter on Aneurism--Third Article.

The *Treatment of Aneurism by Ligature* next occupies Mr. Porter's attention. He imagines that the process by which aneurism is cured by the application of a ligature at its cardiac side, is not the same in the false aneurism and the true: at least it is difficult to explain the varieties met with on any other supposition. In the false, the great object to be accomplished is the removal of the impulse of the heart from the blood contained within the sac for a sufficient time to allow of this reservoir becoming slowly and gradually filled with blood, and for that blood to become firm and coagulated. The coagulum, then, is pressed upon or against the wounded and bleeding vessel, and produces those consequences within it that terminate in its obliteration; the blood, if the case proceeds favorably, is afterwards absorbed, and the sac, in process of time, is converted into a solid piece of ligamentous substance similar to that into which the arterial trunk has degenerated. The completion of this process requires different periods of time, according to the size of the vessel, the dimensions of the sac, and the quantity of fluid blood it can contain, but is always accomplished long before the separation of the ligature.

Speaking of the subsequent removal by absorption of the coagulum within the sac, and of the occasional occurrence of suppuration in it, he observes that, in several instances, he has evidently traced this unpleasant accident to a too frequent and injudicious examination of the tumor—in fact, to handling and compressing it to see if it was rapidly subsiding. It is painful, and may appear ungracious even to seem to repress the laudable zeal for inquiry and investigation that ought to be the characteristic of every student as well as of every surgeon; but in cases of aneurism, an overweening curiosity may be worse than useless—it may be injurious, or even destructive to the patient.

Mr. Porter does not think that the same principle of cure obtains in the true aneurism and in the false. In most instances of aneurism, particularly when the tumor has obtained any considerable size, the wall of the sac is so thickened, and all the structures are so matted together and confused by depositions of lymph and fibrine, that the appearances are rendered most deceptive, and a very patient investigation will be necessary to develope the morbid changes. But there is one circumstance which, when observed, at once demonstrates that the aneurism has been produced by dilation, and not by rupture or ulceration. It is when the wall of the sac contains depositions which are only met with in the structures of the artery, such as the peculiar earthy scales that are formed in the vessels of aged persons, and the soft steatomatous material that may be the product of unhealthy inflammation at any period of life. In opposition to the opinion of Scarpa, Mr. Porter entertains no doubt that there is a pathological condition of an artery producing all the symptoms of circumscribed false aneurism, and apparently curable by the same means—that is, by the application of a ligature at its cardiac side. It seems to be formed by a dilation of the fibrous and cellular coats, and the absorption of the internal lining; and thus is so far a true aneurism as that the artery is uniformly dilated around its entire circumference, and so far a false one, that the internal lining membrane has been removed. Mr. Porter gives a case in illustration. In March, 1835, a man was admitted into the Meath Hospital, with popliteal aneurism in each ham, one of which had existed for several weeks; the other was of recent occurrence. The limb in which the larger and older one was situated was first made the subject of operation—the femoral artery was tied, but the patient died on the sixteenth day afterwards, the ligature on the vessel still remaining firm and undetached. Dissection showed that both these aneurismal sacs had been formed by the entire and equable dilation of the fibrous and external coats of the arteries, and that the lining membrane had in both instances been absorbed. Mr. Porter relates another case, for the purpose of exhibiting the principle on which this form of aneurism is probably cured by operation. A man was operated on by Mr. Collis, in the Meath Hospital, for popliteal aneurism, on the 22d January, 1831. The ligature came away on the seventeenth day—the tumor diminished; in short, every thing went on well, and the patient left the hospital perfectly cured. So far as the aneurism was concerned, he remained healthy and free from inconvenience until his death, which happened in March, 1835, from fever, and such an opportunity for pathological inquiry was not neglected. The tumor, which had been originally of the size of a turkey's egg, was found to have diminished to little more than that of a walnut; externally it felt hard, and as if solidified. On being cut into, however, neither artery nor sac was obliterated—the latter being occupied by a coagulum of a deep red color, through the centre of which was a canal of a sufficient size to allow the blood from the portion of the artery above the tumor to flow freely into that below it. It seemed as if the current of blood through the sac had never been interrupted, the only effect of the ligature having been the removal of the impulse of the heart from it.

DIFFUSED ANEURISM.

Mr. Porter draws a distinction between "diffused aneurism" and "tramautic anerism." The latter term he limits to the case, where there is an external wound so leading down to, and communicating with, the injured artery as to permit the escape of a portion of blood from it. The latter is the essential condition of traumatic aneurism. Thus, the affection may have been produced by a wound, yet if that wound is healed, or not being healed, if it is very oblique, or if there is any circumstance that prevents the blood from passing out of the limb or part, it falls not under the appellation of traumatic rheumatism. In either case, says Mr. Porter, there is always very great danger, partly arising from the loss of blood, but more particularly from the presence of blood within the limb inducing a state of mortification; but this latter peril, being always proportioned to the extent to which the diffusion has reached, may be considerably modified by circumstances. Thus, if the wounded artery is firmly bound down by a fascia, or if there is any other obstacle to the free and rapid passage of the blood upwards and downwards through the limb, the growth and progress of the disease may be extremely slow, and it is only when the fascia has sloughed, or the resistance is otherwise removed, that the diffusion becomes extensive, and the patient's danger imminent. And the worst feature of the case is, that the nature of the disease may not, and probably will not, be recognized until it is too late. Mr. Porter mentions an interesting case.

A man received a blow on his leg, by the fall of a crate of glass on ship-board, whilst on his passage from Liverpool to Dublin; he came to the hospital complaining of deep and dreadful pain in the limb; but, on examination there was nothing abnormal to be found, no swelling, discoloration, tenderness, or lameness, and consequently very little attention was given to the case. In this state he went about during a period of six weeks, from one institution to another, at some regarded as an hypochondriac, at others, perhaps, as an impostor, but at all completely overlooked, when, at the end of that time, he experienced a sensation as if something had given way within the leg, which immediately began to swell, and ran so rapidly into gangrene that amputation was performed on the following day. He died, and on dissection of the limb, after removal, the posterior tibial artery was found ruptured, and a large quantity of blood under the deep fascia that lies behind it. A ragged sloughy aperture was seen in this fascia, and the limb in every direction extensively injected with the blood. It seemed as if the artery had been injured by the original blow, and had bled under the fascia which subsequently gave way and burst, and then mortification rapidly ensued.

The treatment of diffused aneurism naturally occupies him. Mr. P. thinks that there are three varities of case connected with diffused aneurism that may require each a distinct and separate mode of treatment.

1. Mr. Porter considers the wounded and bleeding artery as a point of secondary importance in coming to a decision as to the line of practice to be adopted, the chief being the quantity of blood effused; for if it is very great, even although mortification may not have actually taken place, yet it is quite possible the limb may be in such a condition as to render it inevitable; or supposing otherwise, and that there is so little apparent ground for this apprehension that the artery only is secured, still, if there is much blood, the probability is, that it will act as a foreign body, or perhaps that it may putrefy—that large abscesses and profuse suppuration will result, involving the necessity of deep and extensive incisions in a limb otherwise severely injured, and that a rapidly destructive hectic would be established. To determine the propriety, or otherwise, of amputation, all the circumstances must be taken into the account, and what should cause a leaning against amputation is the fact, that when performed for aneurism, it has been singularly unsuccessful.

2. "The next case for consideration is that in which an attempt is to be made to save the limb, and here the question for decision is whether the vessel may be tied at a distance, as in circumscribed aneurism, or whether it must be cut on and secured above and below the seat of injury: and here the quantity of blood effused must again be taken into account, as well as the presence or absence of an external wound. If there is no such wound, and the quantity of blood is not so very great as to dissipate every hope of its being absorbed, I see no reason why the Hunterian operation should not prove successful. The principle on which a cure is accomplished in diffused aneurism without a wound ought to be precisely the same as in the circumscribed, namely, the wound in the artery must be subjected to a degree of pressure sufficient to effect the obliteration of the vessel at that spot, and this should be perfected by the coagulum in the one instance as well as in the other." 137.

3. But there is still another case, and let us suppose a limb into which a quantity of blood has been extravasated, not sufficient to cause a gangrene of the part, but still too abundant to admit a hope of its being absorbed. Here, I apprehend, the surgeon has no choice—he must cut down, turn out all the coagula he can reach, in this way getting rid of that which would be a subsequent source of irritation, and then tie the vessel above and below the aperture.

Mr. Porter touches on another point. If the diffusion has been caused by the rupture of a circumscribed sac of an idiopathic aneurism, it will be the more objectionable to cut down upon the injured spot, because there is so far presumptive evidence of the artery not being healthy in that situation, and consequently the risk of secondary hæmorrhage will be the greater.

4. For "traumatic aneurism" Mr. Porter advises the cutting down directly on the injured vessel, and tying it above and below the wound. Mr. Porter illustrates his position by a reference to the case of the brachial artery wounded in bleeding. He draws a practical distinction between the case where the artery is wounded without much effusion of blood into the parts around, and that where the effusion is considerable. Of these cases, one is only hæmorrhage, the other diffused aneurism. In the former there can be no reason why compression should not be tried—the artery is healthy, its position preserved, and its condition, in every respect, favorable; and, if properly and firmly bandaged, the wound may unite well, and the hæmorrhage be perfectly controlled.

If pressure, *judiciously* applied, fails, there is still a chance that the aneurism may prove circumscribed, and admit of subsequent treatment by the Hunterian operation. But in the actual traumatic aneurism pressure is not likely to succeed. Suppose it to be attempted, where is it to be applied? The artery in all probability has been pushed by the effused blood out of its position, and we know not where it is placed. And how is it to be maintained? To be of any use, it must be even, firm, and unyielding, and the pain it would occasion must be absolutely intolerable—most patients would remove the bandage in despite of any warning to the contrary. Such are the objections to pressure even at an early period; but when the aneurism has become decidedly diffused, it is of course out of the question.

Becquerel on Semeiology of the Urine.

In the second part of this valuable work, the author, after giving a general description of the influence of diet, exercise, &c., upon the properties of the urine in a state of health, and also a general exposition of the views of the ancients in reference to the changes which it undergoes in disease, our author proceeds with the result of his researches into its morbid conditions. He here repeats much of what had been previously stated, in order to present the phenomena in a more connected shape, and deduce some general conclusions. Morbid urine he divides into four great classes, viz. febrile, anemic, alkaline, and that which differs but little from the normal condition.

1st. *Febrile Urine.*—This kind of urine is so called by our author because fever is its most constant and frequent cause, although met with under various other circumstances. There are several varieties of it. The first is found in individuals laboring under fever or severe functional disorder, no matter what particular disease has given rise to them. This variety is characterized by a great diminution, nearly a half, of the quantity of water secreted in the twenty-four hours; by a diminution, but less in proportion, of the chemical elements taken in mass (hence the urine is concentrated); by a diminution of the inorganic salts and urea, and increase of the uric acid, the organic matters varying but little. Such urine is therefore of high specific gravity, color and consistence. Its transparency may be obscured by mucus, or by the deposite of uric acid sediments. When the latter do not occur spontaneously, they may often be produced by the addition of a few drops of nitric acid, or by cold, but at others the urine will remain obstinately transparent notwithstanding its high color and the excess of uric acid.

"In the course of the same fever, and without reference to the period at which the disease may have arrived, we may find the urine by turns transparent on one day and turbid the next; we may find it more or less variable in color, without any change in the febrile phenomena, by which to explain these rapid variations, which, however, are never carried to such an extreme as to destroy the principles which I have laid down. In almost all these cases, the amount of water in the urine accounts for these changes."—P. 200.

Fever, as before stated, no matter whence arising, is the principal cause of the modifications of the urine at present under consideration; a modification always identical in nature, and variable only in intensity, unless in cases where some other morbid influence is also present. This modification is in proportion to the severity and duration of the fever, especially the latter. As regards the influence of the different stages of the fever, the observations of our author are directly at variance with the opinions of the ancients. Thus, according to M. B., when the fever is on the increase, the urine becomes more and more colored, and less transparent, or deposites sediments by the addition of nitric acid; then in proportion as the pulse becomes less frequent and the skin cooler, the urine loses its high color, its turbid character, and no longer deposites sediments either spontaneously or by the addition of nitric acid. The ancients, on the contrary, regarded turbid and sedimentary urines as belonging to the decline of the disease. The urine is sometimes almost restored to its natural condition, says M. B., even before the fever has entirely disappeared, whilst in others it continues to be charged with uric acid and coloring matter for some time afterwards. This latter was often owing to some obscure remains of disease, but in other cases of convalescence it could not be accounted for except by supposing that the action of the kidney had been so far perverted, that the organ could not resume its healthy action immediately after the removal of the original cause.

Several morbid conditions superadded to fever may modify its effect. Thus the presence of inflammation occasions an increase in the febrile characters of the urine, without altering their nature. On the other hand, a state of debility, whether existing at the commencement, or induced in the course of the disease by abundant evacuations, &c., is calculated to produce an exactly opposite effect, so that here under the influence of opposing causes, the urine may sometimes retain or resume its natural condition.

As regards the cause of the uniform alterations of the urine, except under particular circumstances, induced by fever, our author does not hesitate to attribute the general diminution of the solid elements to the diminished amount of nutriment taken into the system. This, however, could not satisfactorily account for the diminution of the water and the increase of uric acid, the two most important characteristics of febrile urine. Neither can these be accounted for by the state of the blood, for this fluid is very different in different fevers, whilst the modifications of the urine are always identical, at least so far as we know at present. In short, the mode of production of these changes are not capable at present of a satisfactory explanation. That other conditions beside fever, such as diseases of the heart, liver, &c., may occasion febrile urine, has been already noticed.

The second variety of febrile urine occurs under the same circumstances as the preceding, except that the patients are in a state of prostration or exhaustion from the length of the disease, various evacuations, &c. The quantity of water is diminished in about the same proportion as the preceding, whilst the whole amount of solid matter is so to a much greater degree, and hence its less specific gravity, which is even below the natural standard. The uric acid alone preserves its natural proportion, or is even a little augmented, and is of course concentrated as the amount of water is small. Similar deposites of uric acid occur in this as in the preceding variety.

The third variety of febrile urine includes those which are similar to one or other of the preceding varieties, so far as regards the amount of solid matters secreted in the twenty-four hours, but in which the quantity of water is not sensibly affected, and the uric acid also preserves its normal proportion, or is somewhat diminished. The latter is regarded by our author as a consequence of the former, though for what reason does not seem very apparent. The cause of the increased amount of water, he says, is frequently inappreciable, though most commonly he thinks it can be traced to the large amount of fluids drank by the patients. Nevertheless he admits that in the great majority of cases three or four pints of tisan taken daily by febrile patients produced no such effect. Sediments are not formed in this variety of urine.

2d. *Anemic Urine.*—This term is employed, not because such urine is exclusively met with in cases of anemia and chlorosis, but because it is especially characteristic of these conditions, Two varieties are described. In the first, or anemic urine properly so called, the amount of water is about normal, and the solid matters reduced nearly one half. This diminution is especially marked in the urea, uric acid and inorganic salts, the organic matters being but little affected. The specific gravity of course is low. It is light colored, very limpid, has a greenish tint, and never presents sediments of uric acid, either spontaneously or under the influence of cold or nitric acid. It is necessary both here and in the case of febrile urine that the fluid be examined within a moderate time after it is voided, and before it has undergone decomposition.

The great cause of anemic urine is anemia, which like fever has a tendency to produce a certain uniform alteration of the fluid, no matter from what cause the anemic condition may arise. Besides chlorosis, in which it is highly characterized, anemic urine may occur in some cases of tubercles, in the advanced stage or during the convalescence from acute diseases. Under the latter circumstances it varies in intensity, according to the slowness or rapidity with which the strength is reestablished. The appearance of the urine is here, says our author, a pretty sure indication of the degree of strength, and the rapidity of its restoration. Pale urine of slight specific gravity and acidity naturally belongs to convalescence, and hence the existence in such cases of urine which is high colored, dense, &c., may reasonably lead to the suspicion that there is still some lurking disease, or the probability of a relapse, &c., according to circumstances.

The immediate cause of anemic urine, according to our author, is the diminution of the red globules of the blood, which diminishes the activity of all the functions, that of the kidneys among the rest.

The second variety of anemic urine differs from the first in the quantity of water being decidedly below the natural standard, and in the diminution of the solid matters being rather less. Their specific gravity is about natural, their color greenish, never yellow or reddish. They sometimes deposite a white or grayish-white sediment spontaneously, or by the addition of nitric acid. Their causes are the same as those of the first variety, only acting with less intensity.

They may also occur in strongly marked cases of anemia, under the influence of fever or functional disturbance of some severity, whilst at other times it is difficult to account for their production.

3d. *Alkaline Urine.*—This is always the consequence of the decomposition of the urea, which may take place at the moment of secretion, but more commonly not until the urine has passed into the bladder. Its causes are acute and chronic nephritis, Bright's disease, the long retention of the urine in the bladder, those diseases of the bladder which give rise to purulent secretion, and some morbid conditions of the brain and spinal marrow. Sometimes it occurs without evident cause.

4th. The fourth class includes these cases when the urine does not deviate greatly from the natural standard. Such urine frequently occurs in diseases, especially when they are not severe or febrile in their character.

Dr. Stewart, of New York, on the Causes of Frequency of Diseases in Children.

Among the illustrations of the effect of the development of parts in the production of disease, Dr. Stewart adduces that afforded by the muciparous follicles of the intestines.

"Before the period of dentition they are scarcely to be discerned, even on the closest inspection. When in the order of the natural unfolding of the various parts of the infant's frame, those parts which are about to be fitted to the reception of a new kind of food, are undergoing the necessary changes, these follicles for the first time show themselves in a state of activity, pouring forth an abundance of their peculiar secretion. Thus far their action is a natural one, and one of health. Should it become excessive, a serous diarrhœa is the consequence, demanding the interference of the physician for its removal. This same condition of development of the follicles, when complicated with other derangements of the system, and kept in a state of morbid activity by the continual operation of certain exciting causes, terminates by producing one of the most fatal diseases of our climate, the cholera of infants.

"The development of the brain, also, gives another instance of the deranged vital action. at a time when this action is in the greatest excess, causing disease. It is well known that this organ, although large in size, is very imperfect at the time of birth, consisting merely of a mass almost fluid. It is not complete in its parts until a year or more has elapsed, during which period the vital energy of the part is in great activity, carrying on the process of development.

"Besides these particular evidences of the effects of development, there are others in which an excess of action in one set of organs gives a preponderance of one system over another, and imparts to the child a peculiarity which predisposes it to a certain class of diseases. Thus, where the circulating system is active and vigorous, every thing shows great strength, the body receiving a full supply of blood; nutrition proceeds with great activity, and a strong tendency to inflammatory diseases exists, where this development, or sanguine temperament occurs.

"Other children are seen with sluggish circulation, little activity of the muscular system, and presenting the appearance of greater development and preponderance of the lymphatic system; and congestions of these organs, and obstructions of the mesenteric glands, are the affections to which such are subject.

"It can scarcely be questioned, that parts undergoing development, from the necessity of active nutrition during that process, are exposed to greater danger than those which have attained their proper maturity; and as we have seen that the predisposition to disease is evident in particular organs, which give unequivocal proof of their liability to derangement during growth, so we may naturally conclude that all parts, when growing, are more exposed to the action of the great variety of exciting causes of disease. Where the active agent of development is in full exercise, any interruption in one part, by disturbing the equilibrium of the process, will produce an inflammation or congestion, either in the part itself or in the contiguous structure from which it receives its supply of fluids. The derangement will be in proportion to the healthy organic action of the part, if the principle in physiology be correct, that an organ is disordered in proportion to its previous activity. Vigorous circulation in the organs, and an abundant supply of blood vessels in the tissues, render children extremely liable to sudden inflammatory affections, rapid in their progress, and too often fatal in their termination; effusion quickly following an acute attack of disease, of serum in serous membranes, as the arachnoid, or of lymph in the mucous membranes, as in the trachea.

"The extreme excitability of the nervous system, from the excess of vitality, also will cause a sympathetic irritation in other organs, which themselves become proportionally disordered, from their own naturally exalted action at this period of life. This strong disposition to sympathetic disorder, is a peculiar source of danger; for however slight or unimportant the original or primary affection may have been, the complication induced in an organ on whose normal action the well-being of the child depends, becomes the cause of serious and fatal symptoms, the degree of danger often depending on the importance of the parts complicated in the disease.

"Thus it appears, that the excess of vitality dependent on development, is the source to which the great frequency of diseases in children is to be traced, and from the same cause, rendered far more dangerous by the sympathetic participation of other organs. Their diseases are for the most part sudden, and the participation of other parts, especially the brain and its membranes, no less sudden and severe: the disordered affection soon passing through its course, and if its acute action continue, terminating in effusion and death.

"The practical deductions from the suggestions and facts here set forth are—first, to meet the diseases of children in their invasion, with promptness and decision, whatever be the remedial means resolved on; and secondly, never, under the most discouraging circumstances, to consider any case as hopeless."

FROM THE AMERICAN JOURNAL OF DENTAL SCIENCE.

On the Origin and Development of the Sacs and Pulps of the Human Teeth. By John Goodsir, Jr., Surgeon, Anstruther, Fifeshire.

In the January number for 1839, of the "Edinburgh Surgical and Medical Journal," is an able and well written paper on the above named subject by Mr. Goodsir, who has succeeded in discovering the rudiments of the teeth at a much earlier period than has been done by any former odontologist. He is of opinion that they originate from mucous membrane, and that those of the secondary set have no connection with the first. "Dentition," he says, "commences by the formation of the primitive dental groove, on the floor of which the rudiments of the pulps of the milk teeth appear as globular or conical papillæ; septa afterwards pass from the outer to the inner side of the groove, between the papillæ, and thus each of the latter becomes situated in an open-mouted follicle, which is the primitive condition of the future sac." He also tells us, that the germ of the first superior temporary molaris is the first of the rudiments of the milk-teeth that appears, and that this is discoverable some time between the sixth and seventh week of embryonic life. "It is at this period," says he, "a simple, free granular papilla, like many others on the surface of the mucous membrane and skin." Anterior to this, and in the same jaw, at about the eighth week, he has succeeded in discovering a second papilla, which is the germ of the cuspidatus or canine tooth.

The ridge within which is the groove that contains these papilla, advances in an "indistinct manner to the median line, during the ninth week," and on each side of this line, "an oblong papillæ with a notched lamina in front of it, and immediately afterwards another smaller papillæ, external to the former; these last papillæ," says he, "are the germs of the incisive teeth, and are placed in connection with the inter-maxillary system." The progress of the incisive papillæ during the tenth week is slow, "their anterior laminæ only increasing somewhat in size." From the sides of the groove within which the germs of the primitive teeth are situated, processes shoot across and come together before and behind the rudiment of the first temporary molaris, enclosing it in a follicle, through the opening or mouth of which the papilla is observable. A like follicle is slowly formed around the germ of the cuspidatus. At about this period, the germ of the second primitive molaris, shows itself in the form of a small papilla, at the side, and seemingly "a production of the rounded lobule, which terminates posteriorly to the outer ridge." The papilla of the incisores advance constantly during the eleventh and twelfth weeks, and septæ pass between them during this time, so that they become sunk as it were, each in a separate and well-defended follicle. The germ of the anterior molaris undergoes but little apparent change, while that of the posterior enlarges, and by the gradual folding of the terminal lobule, which the author describes, becomes situated in a follicle like the other papillæ. Behind this, the primitive groove extends itself a short distance, within which the first permanent molaris shows itself.

During the thirteenth week, the follicle of the second milk molar becomes more fully developed, and the rudimentary papillæ of the other teeth begin to assume the forms of the crowns of the teeth which they are respectively to form, the papillæ grow faster than the follicles, and protrude slightly from their mouths; the follicles however increase, so as soon to enclose the germs of the teeth, and thus become their matrices or sacs. From the time the matrices close, the papillæ of the first teeth become gradually moulded into the shape of the teeth that are formed from them. As the formative process goes on, "each branch of the dental artery, as it arrives at the fundus of its destined sac, sends off a number of radiating twigs, which run in the substance of the cellular submucous tissue, (which constitutes the outer membrane of the sac) towards the gum, from which others proceed to inosculate with them. By "the combined twigs" of these, the true membrane of the sac is minutely ramified, while not the smallest fillet is sent to the granular substance. After sending off these, the dental branch "divides into a number of contorted ramifications between the base of the pulp and the sac, which from smaller ramuscule are transmitted to the pulp itself." In the meantime, the germs of the first secondary molares are formed together with their follicles, within which they have become completely enclosed, and granular matter deposited within their sacs; the edges of the walls of the grooves of these teeth adhere, but the walls themselves do not, by which a cavity of some size is left below the tooth, "or between it and the gum." "This cavity," says Mr. Goodsir, "is a reserve of delicate mucous membrane," and from which the materials for the second and third permanent molares are furnished.

He denies, as we have before remarked, that the permanent teeth have their origin from the temporary ones, and contends that they, like these, have their origin from mucous membrane, having no connection with the others whatever. His researches have been conducted upon an extensive scale, and certainly throw much new and valuable light upon this department of odontology.

Medical Knowledge in China.

From a very interesting work entitled "The Chinese as they are," lately published by Mr. Tradescant Lay, who accompanied Buchey's Expedition as Naturalist, we extract the following:—

As a specimen of Chinese semeiology, says Mr. Lay, I might take the following:—

"1. If the eye be of a red color, the disease is in the heart; 2. white, in the lungs; 3. green, in the gall; 4. yellow, in the spleen; 5. black, in the kidneys; 6. a yellow color which cannot be described or named, in the middle of the chest."

The following is the description of the operation for cataract by a Chinese poet:—

"The interior light of the eye checks the candle of Heaven, just as a lighted taper in the day hinders vision, and the pearl within the eye contracts a misty haze. The operator was careful not to wound any of the blood vessels, lest the ærial principle which circulates in the blood should escape."

Of the therapeutic treatment adopted by the Chinese in some of their diseases, the author observes—

"The small-pox, or rather a disease resembling the small-pox, has excited much attention in China from its fatal effects; it attacks children, and seems to be confined to them, and this makes me think that it is not the same in all respects as that which creates such frightful havoc among ourselves. The native writers of former ages direct that the room should be kept clean, and the door, if it be open to the wind, should be pasted up, for light comes in at the door in China. Frankincense is to be used in fumigations. To open the eyes, when closed by this disease, the blood of an eel is dropped into them. The juice extracted from the root of the *musa coccinea*, a beautiful species of plantain tree, is used for the same purpose. If the patient see spectres, a man's tooth is wrapped up in paper and burnt to ashes, which are pounded and mixed with wine for a potion. Fumigations prepared by putting sulphur, seeds of the carambola, southenwood, &c., into a tub used for feeding horses, and heating the contents, were in great repute for the cure of many disorders; and as the quantity seems to have been large enough to envelope the sick person in a cloud of fumes, this device of the therapeutic art deserves some of the credit that is given to it. I found this method of allaying disease in favor among the people of Borneo, who begged my botanical paper for the purpose of lighting or heating the herbs that were to be placed on it. The pitch plaster is one of the most common appliances in China; and for rheumatic pains, to which the people are much subject, may not be amiss. Powders of different kinds are often spread upon this plaster, by which we are to understand that the pitch performs only a subsidiary part in working the desired effect. The common venders of herbs prepare a poultice by pounding a certain number of fresh ingredients in a stone mortar; this they use for boils, uneasy swellings, &c."

In contemplating the rude practice of medicine among primitive nations, there is much for the observant mind to turn to useful account. We see, as it were, the roots from which our own more perfect processes have grown, and we are led to reflect upon the intention which guided our forefathers in their selection of remedies.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, January 22, 1842.

The Legal Proceedings against the Lancet.

As our readers will perceive, by reference to our extra sheet, the Vice-Chancellor has decided in our favor, and dissolved the injunction. This is as we expected. It is too late in the day to set up such a censorship of the public press, as that attempted in the present case. We will go on, according to our original arrangements, and spare no effort to serve the profession by giving them full and accurate reports of lectures delivered at all the prominent medical schools throughout the Union, and which would otherwise be altogether inaccessible to practitioners throughout the country.

A "PHYSICIAN IN ALBANY" complains that we are guilty of partiality and favoritism in putting Dr. MOTT so prominently forward in our columns. Friend, are you not somewhat unreasonable? Give us time, and we will mete out equal justice and favor to every Professor of note, whether he holds forth at Albany, or Philadelphia, or Boston, or Vermont. Our object—and we have the means to effect it—is to establish a NATIONAL journal. We repudiate with disdain the charge of partizanship. Why, my dear fellow, self-interest alone would prompt us to a very different course from that which you accuse us of pursuing, when you say that we "desire only the prosperity of the New York School of Medicine." But if we know any thing of our own heart, we can proudly say, that our great and ever-visible object is to advance the general interests of the whole Profession from Maine to Florida—to communicate a healthy tone to the whole medical body—to diffuse useful information, and to wage implacable warfare against quackery, corruption, and monopoly, wherever exhibited, or whatever shape they may assume.

Our Inspection of the New York Hospital.--No. I.

This is a very valuable public charity, and under just and liberal management is eminently calculated to subserve the benevolent designs of its foundation. We intend to make the establishment, and every thing connected with its management, the subject of investigation, and have for that purpose collected a considerable quantity of materiel to aid us in prosecuting this interesting inquiry. Any communications, however, from reputable sources, calculated to throw additional light on the history and management of this hospital, will meet our attention.

We commence our inspection by giving a short historical account of the institution, compiled from authentic documents.

In the year 1770, some of the most respectable and public spirited inhabitants of the city of New York, subscribed considerable sums of money, for the purpose of erecting and establishing a public hospital; and a petition was presented by Peter Middleton, John Jones, and Samuel Bard, three eminent physicians, to Lieutenant Governor Colden, then commander-in-chief of the province of New York, for a charter of incorporation, which was, in consequence, granted the following year, by the Earl of Dunmore, Governor and commander-in-chief of the province. By this charter, dated the 13th of June, 1771, the mayor, recorder, aldermen and assistants, of the city of New York, the rector of Trinity Church, the different ministers of the several other city churches, the president of King's (now Columbia) College, and a number of the principal and most respectable inhabitants of the city, were named as members, and incorporated, by the name of the "Society of the Hospital in the city of New York in America." Twenty-six governors were also named, for the managemeet of the affairs and business of the institution, who held their first meeting on the 25th of July, 1771.

Through the influence of Dr. John Fothergill and Sir William Duncan, considerable contributions were made to the society, by many inhabitants of the city of London, and other places in Great Britain; and in 1772, the legislature of the province of New York granted an annual allowance of 800 pounds (2,000 dollars) in aid of the institution, for twenty years. In 1773, the governors of the hospital purchased five acres of ground, for the erection of a suitable edifice. A plan of a building having been procured by Dr. Jones, the foundation was laid the 27th of July, 1773; but on the 28th of February, 1775, when it was almost completed, the building accidentally took fire and was nearly consumed. By this misfortune the society suffered a loss of seven thousand pounds; and the execution of their benevolent plan would have been wholly suspended, had not the legislature, in March, 1775, generously granted them the sum of 4000 pounds towards rebuilding the house, and repairing the loss they had sustained. The war between Great Britain and the colonies, which took place in the same year, prevented the completion of the edifice.

The annuity granted by the provincial legislature, ceased with the commencement of hostilities between Great Britain and the colonies; but the legislature of the state, on the 1st of March, 1788, directed eight hundred pounds, during four years from the 1st February, 1788, to be paid to the hospital, out of the moneys arising from the excise in the city of New York. The legislature, by a subsequent act, passed the 11th April, 1792, for the better support of the hospital, granted two thousand pounds a year, for five years, payable out of the city excise. By an act passed the 31st of March, 1795, the legislature repealed the act of the 11th April, 1792, as to future payments, and granted to the hospital four thousand pounds annually for five years, payable out of the duties on sales at public auction in the city of New York. An additional sum of one thousand pounds a year, for four years, was granted 11th April, 1796, payable out of the same fund. And on the 20th March, 1801, the annual allowance of $12,500 was continued for five years from the 1st of February, 1800. On the 2d March, 1805, an act was passed continuing this sum for five years longer.

By an act passed the 30th March, 1797, for the establishment and support of a lazaretto, the masters and wardens of the port of New York, were authorized to receive of the masters, officers, seamen, and passengers, of every vessel entering the port of New York, a certain sum for each person, which was directed to be paid to the commissioners of the health office, for the relief of sick seamen and foreigners admitted into the lazaretto; and the surplus, if any, was directed to be paid to such seamen and foreigners as might be patients in the hospital. By an act passed April 1st, 1796, for regulating the port of New York, the Harbor Master was directed to pay certain fines therein mentioned, to the treasurer of the New York Hospital. By an arrangement between the treasury department of the United States and the hospital, made in 1799, the sick and disabled seamen at the port of New York, are received into the hospital, and enjoy all its advantages. The collector of the port, under the direction of the Secretary of the Treasury of the United States, pays out of the hospital money collected and received by him, three dollars per week. for the board and maintenance of such seamen, with medicine and other charges. But the collector, since July, 1804, has refused to pay for more than a limited number at any time. The governors, however, considering every seaman who has paid hospital money to the collector of the United States, as having a just claim on the government of the United States for hospital relief, have not hitherto refused admittance to seamen, beyond the number limited.

As there existed no institution in the state, for the reception and cure of the insane, the governors were induced to appropriate apartments in the hospital for patients of that description ; but as the building was not designed for that purpose, the accommodations were found to be extremely inconvenient and inadequate. It was resolved to erect a separate building, to be exclusively appropriated to the reception of that unfortunate class of persons. An application was accordingly made to the legislature, who passed an act on the 14th March, 1806, continuing an annual provision for the hospital, payable out of the duties on sales at auction in the city of New York, until the year 1857. The governors immediately proceeded to lay the foundation of the proposed edifice, denominated the "*Lunatic Asylum*," which was completed, so as to be opened for the reception of patients on the 15th July, 1808, when nineteen were removed from the other building, and forty-eight more admitted, making the whole sixty-seven. The whole cost of the asylum was about fifty-six thousand dollars. To assist the governors to discharge the debts contracted in building the asylum, the legislature, by an act passed the 23d of March, 1810, granted to the hospital the sum of $3,500 per annum, for ten years, payable quarterly, out of the duties on goods sold at auction in the city of New York. But by the fifth section of " the act respecting a navigable communication between the great western and northern lakes and the Atlantic Ocean," passed the 15th of April, 1817, the hospital was deprived of this allowance.

In order to meet the heavy expenditures in the erection of the Bloomingdale Asylum, the governors of the hospital were under the necessity of borrowing $137,000 on bond and mortgage, at an interest of six per cent., payable quarterly. And sundry further sums were also borrowed at different times from the banks. The surplus of the annuity granted by the legislature for this purpose, beyond what is consumed in the payment of interest, has been set apart as a sinking fund to redeem this debt, and confided to the care of a committee of the governors, styled the " Commissioners of the Sinking Fund of the New York Hospital." The sum borrowed of the banks has been repaid, and the sinking fund invested in shares of Bank of America stock, in certificates of the New York Life Insurance and Trust Company, and in bonds and mortgages, and amounted, on the 31st of December, 1838, to $111,000.

In our next number, we intend making an examination of the charter of the hospital, the various laws relating thereto, with the by-laws and regulations for the election of officers, internal police, etc. etc.

Dr. Davidson on the Presence of Sulphocyanogen in the Saliva, in various Diseases.

Dr. Davidson is, or lately was, one of the physicians to the Glasgow Royal Infirmary, one of the largest and best regulated hospitals in Great Britain. When pursuing our professional studies, we had often the pleasure and profit of listening to the clinical lectures of this gentleman, and formed, in common with all his pupils, a high opinion of his merits as a close observer and judicious practitioner. He has contributed to a late number of the *London Medical Gazette*, an interesting paper on the presence of sulphocyanogen in the saliva, in various diseases.

Dr. Ure appears to have first noticed this peculiar property of *mercurial saliva*, in a paper on opium, which was published in *Brande's Journal* for July, 1830; and that distinguished writer states that it may afford a valuable indication to practitioners in doubtful cases. But little or no attention seems to have been directed to the subject, until recently taken up by Dr. Bird, in the columns of the periodical in which Dr. Davidson has given the results of his experiments. We can only give the cautious conclusions of Dr. D., premising that the particular reagent employed by him was the Tinct: Ferri Sesquichlorid:, two drops being added to two drachms of saliva. Sulphocyanogen is rarely absent from the saliva of a perfectly healthy individual.

1. Sulphocyanogen is frequently not present in the saliva secreted by patients laboring under various diseases, at least it is not discoverable by the sesquichloride of iron.

2. It is very frequently absent in febrile diseases, and in others where the permanent range of the pulse is considerably above the natural standard.

3. It is invariably absent in distinct salivation produced by mercury, and the non-reaction of the sesquichloride of iron upon the saliva. does not seem to depend upon its great dilution, for the same effects are produced when it is concentrated.

4. The presence of certain foreign constituents in the saliva, such as sugar in diabetes, may probably prevent the action of the reagent, or in some cases cause the red color to be evanescent.

5. Though the presence of sulphocyanogen in the saliva is not to be depended on as a criterion of good health, yet its absence ought to excite an investigation on this point.

6. The absence of sulphocyanogen in the saliva, when taken separately, is no proof of the action of mercury on the system ; although when this secretion is copious, fœtid, of light specific gravity, attended by spongy or ulcerated gums or check, and accompanied with this chemical characteristic, there will exist the strongest reasons for believing that this mineral has been exhibited.

TO THE EDITOR OF THE LANCET.

Dear Sir :—

As the independent leader of a medical journal, I would address a few lines to you, inquiring whether there is a medical circulating library in this city ; and if not, whether it would not be a good plan for a medical bookseller to start one ? There are a great number of medical gentlemen that would want books in their practice, but would be unable to get them on account of their high price. A young physician cannot always possess a library until three or four years after he has commenced practice, and there ought to be some place where he might procure books (to help him along for the time) for a small sum per year. By answering this in your valuable journal, you will oblige,

Yours, respectfully,

A Young Physician.

New York, January 13, 1842.

[There is a library containing upwards of four thousand volumes, connected with the City Hospital. Annual subscription $5. The "Lyceum Library" also contains a number of valuable medical books, and the reading room is abundantly supplied with medical periodicals. We believe there is another medical library in the city, but we have not had leisure to make any inquiries about this matter. We may add, that the students of the University Medical School, have lately organized themselves into an association, the chief object of which is the establishment of a library.—Ed.]

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School.

The *Clinique* was open for about only an hour on last Monday, in consequence of the occurrence at 12 o'clock of an operation at the City Hospital, and which the Professors desired to give the students an opportunity of witnessing. Several cases of considerable importance were postponed till next Monday. Among them was one of fibro-cartilaginous tumor in the immediate neighborhood of the thyroid body, which will be extirpated at the next *Clinique*. There was also a case of cataract, which will likewise be subjected to an operation. A child affected with *tinea ciliaris* was presented, and the following application ordered :—

℞ Unguent: cetacei ℥i.
——— Hydrag: mit: ʒss.
Fiat unguentum.

The female with the "milk tumor," which we described in our last report, again presented herself. The breast was nearly as large as ever. She stated that she had weaned her child as ordered. The milk was drawn off as before, and about one and an half quarts evacuated. A tent was introduced into the puncture. Prof. Parker remarked that a medical friend had suggested the employment of stimulating injections. He (Prof. P.) thought, however, that that would induce a greater degree of inflammation than was necessary.

A case of *pendulous nasal polypi*, was then introduced Prof. Parker reminded the students of the various descriptions of nasal polypi, pointing out with great clearness the manner in which they could be distinguished. He then extirpated a considerable mass of the polypi.

Dr. Parker announced at the conclusion of the proceedings, that any medical gentleman who wished, might introduce patients at this *Clinique* for the purpose of operating upon them before the students. This liberal proposition augurs well for the dawn of a better day, for the interests of the profession in this city. We trust that the iniquitous reign of monopolizing *cliques* is drawing to a close, and that hitherto down-trodden merit will assume the honorable position to which it is entitled.

City Hospital.

Two cases of amputation occurred during the past ten days—one at the wrist, and the other at the shoulder joint. We are obliged to defer our report till next number.

TO THE EDITOR OF THE LANCET.

Sir :—

I send you the following case for insertion in your independent journal, as I see it stated in your prospectus that you will receive the records of the experience of your professional brethren.

I am yours, &c.
David D. Marvin, M.D.
New York, January 13, 1842.

[Note.—One great object contemplated in the establishment of this journal was, as correctly stated by this correspondent, to afford an independent, unshackled vehicle for the interchange of opinion and experience among the members of the profession, and we will always cheerfully afford a place to interesting communications from whatever quarter they may come, leaving, in general, to our readers themselves, the work of criticism.—Ed.]

Curious Case of Violent Action of the Heart and Arteries.

May 9th, 1841. Called to G. M. Shaefer, æt. 55, by birth a German, by profession a soldier, and for one year a resident of this country, during which time he has followed the occupation of glass polishing. He is an athletic man of full stature, and of a sanguine temperament. I found him laboring under violent pulsation of the heart and large arteries—the concussion was so severe as to attract my attention immediately as I entered the room—and copious vomiting of a very dark colored fluid, resembling in all respects the black vomit of yellow fever. His pulse was 80, full strong, and thrilling ; tongue slightly coated with a yellow fur ; bowels open ; muscular energy sufficient to enable him to walk across the room occasionally. He was most comfortable in the recumbent posture, lying on his back, with his head and shoulders elevated, and his knees drawn up. He had been ill several days before I saw him. Had been bled, purged, &c., but without any improvement. I prescribed calomel ℈j.

10th. Calomel had operated slightly, but no change was produced in the symptoms. Repeated the calomel, and directed it to be followed by Ol. Ricini ℥j.

11th. Bowels freely purged—the dejections resemble the fluid vomited up ; vomiting still continues, attended with little or no nausea ; pulse still 80, and the same in character ; tongue furred. On auscultation the heart emits the *bellows sound*.

12th. Countenance sallow ; pulse 80, and the vis a tergo of the heart's action undiminished ; sleep disturbed ; respiration difficult ; bowels torpid ; præcordial pain and anxiety ; vomiting free. Ordered a *Seidlitz powder*.

13th. Bowels freely opened—evacuations of the same character ; urine scanty and high colored ; skin dry and husky ; tongue still brownish, without redness at the edges. Prescribed the nitro-antimonial powders with calomel at intervals of three hours.

14th. Symptoms somewhat improved : feels more comfortable ; vomiting diminished ; tongue less furred ; skin moist ; urine increased. Powders to be continued, and K. Digitalis in ten drop doses, every two hours, alternately.

15th. Slept tolerably well ; frequent remissness of the violent action of the heart and arteries ; skin bathed in a profuse perspiration during the paroxysms ; had vomited only twice ; tongue clear ; bowels open ; evacuations more natural ; pulse softer ; countenance cheerful. Tr. Digitalis every *three* hours.

16th. Had a good night's sleep ; palpitations have become intermittent—occurring in paroxysms of only a few minutes' duration, and at intervals of three or four hours ; præcordial pain less severe, and exists only during the paroxysms ; skin natural, but during the paroxysms bathed in a profuse perspiration ; stomach quiescent ; bowels open—the dejections contain but a small proportion of the black substance ; pulse 80, and soft during the paroxysms. The Digitalis to be taken at intervals of four hours.

17th. Slept well ; had only three slight paroxysms ; præcordial pain very trifling ; appetite good ; alvine evacuations almost natural in appearance ; pulse 80 and soft. Ordered Digitalis to be continued.

18th. Complexion clear ; feels well ; had only one very slight paroxysm ; dejections quite natural. Digitalis to be taken twice during the day.

19th. Had no paroxysm ; pulse natural. Medicine discontinued.

20th. Remains well. On auscultation, the heart emits no unnatural sound.

He resumed his occupation, and enjoyed unmitigated good health until the 15th of September following, when he was seized with another similar attack, commencing with a continued violent action of the heart and arteries, increasing in severity for three days, when it had attained its maximum of intensity. The *black vomit* commenced on the second day, and the black dejections on the third day. On the fourth day the palpitations became remittent, and on the fifth day they were intermittent. On the seventh day I left him cured.

The symptoms resembled in all respects those of the previous attack. The treatment was begun with scruple doses of calomel and followed up with Tr. Digitalis.

After this he continued well until the 21st of November, when he was attacked again in the same manner, but more violently. Before I saw him he had taken an active saline cathartic. I advised blood letting, but he would not submit to it. I then prescribed

℞ Calomel ℈j.
Pulv. Dover ℈ss.
To be taken at night.

22d. Bowels not opened; palpitations more violent; tongue thickly coated; pulse 80, full, strong and thrilling; carotid and temporal arteries throb violently. Ordered Ol. Ricini ʒj.

23d. The bowels were freely opened, but the dejections did not appear to contain any black discharge; the *black vomit* has commenced since the operation of the oil; præcordial pain severe. Directed hot fomentations to be applied to the epigastrium.

24th. All the symptoms aggravated; pulsation more violent; *black vomit* more copious; black purging free. Ordered calomel ℈ss; mustard sinapisms to the epigastrium.

25th. Considerable improvement; bowels freely opened; black discharges diminished; tongue partially cleaned; palpitations reduced; pain still severe. Prescribed Tr. Digitalis in combination with Sulph. Ether and Tr. Valerian.

26th. The black discharges have almost ceased; palpitation much reduced; pain severe, and great nausea. Omitted the ether and valerian, and prescribed Tr. Digitalis in combination with Tinct. Opii. at intervals of two hours.

27th. Much improved; paroxysms of palpitation very slight; almost free from pain; appetite good; ventured to eat a large quantity of *cakes and milk;* bowels confined. Prescribed Ol. Ricini ʒj., and the Digitalis and opium to be continued.

28th. Much worse; palpitation has returned and again become continued, and the præcordial pain severe. He resolved to enter the hospital.

Dec 31st. Saw him in the hospital; much improved; taking morphine.

I confess myself unable to enter into the pathology of this singular case, yet it is too interesting to allow it to pass without making a remark or two upon it. I have lately heard that he is in the habit of indulging occasionally in the excessive use of intoxicating drinks, and that each attack was preceded by such an indulgence. On the day previous to the last attack, I was informed that he had drunk eleven bottles of wine, and two quarts of strong beer. Here there is cause sufficient to excite severe disease in organs predisposed to it, and if the heart and arteries were in an excitable condition, it is easy to imagine how they should be excited into violent action by such an immense amount of stimulus. He suffered from the same disease in Germany for a short time previous to his embarkation. The quantity of *black vomit* ejected from the stomach was great, and sometimes exceeded a gallon in twenty-four hours. May not this fluid have been blood in an altered condition, forced through the exhalents of the stomach, by the violent impulse of the heart and arteries?

D. D. M.

Dr. Stephen W. Williams, late Professor of Materia Medica, in Willoughby University, on the use of Astringents in Dysentery.

In the summer and autumn of 1841, an epidemic dysentery of a malignant character prevailed in Deerfield and Greenfield. The summer was unusually dry and hot, towards the latter part of the season we had a good deal of south wind, but no gales. In the course of two months we had above eighty cases here. The disorder continued till after the first frosts in October, when it gradually subsided. It was almost invariably preceded by diarrhœa; which, if suffered to run on unchecked, almost always terminated in dysenteric discharges. People of almost all ages were attacked with diarrhœa, but they soon learned how to manage it, and they were well aware of the danger of neglect. Many people made an entire alteration in their mode of living, in consequence of the prevalence of the complaint, but I never could learn that they experienced any beneficial effect from so doing. Indeed, I saw as many cases of dysentery in such persons, as in those who made no alteration in their mode of living. I therefore recommended temperance in their habits; and I often found that those who transgressed in this respect, and especially in eating, were subjects of the complaint. Cold was often the exciting cause, and especially where the perspiration was suddenly arrested.

The complaint which prevailed here this season, has been plausibly attributed to miasmata. It has been stated that the disorder was principally located in valleys, and that it followed the courses of rivers, and small streams, and that but little of it was observed upon the mountains. Before the dysentery commenced, and even during its continuance, the weather was very hot and dry, and there was but very little wind in the fore part of the season. All our rivers were much lower than I have ever known them to be before, and màny ponds and springs were entirely dried up. Marsh and putrid vegetable miasma was concentrated, and in the process of drying emitted unhealthy and deleterious effluvia. There was a little rain at the commencement of the month of August, which was succeeded by southerly winds principally, though some were from other quarters, which were hot and sultry. These winds disseminated the noxious gases over the valleys, and were thought to be instrumental in propagating the complaint. This theory may have some foundation in truth, especially as the mountain towns were generally entirely exempt from the complaint. Considering the number of cases which occurred, there were but few deaths from it; out of eighty patients, who applied to my partner, Dr. A. L. Haskill, and myself for relief, there were but five or six deaths, and two of these were cases of cholera morbus in combination with dysentery. I understand from my friend, Dr. A. F. Stone, of Greenfield, that the proportion was about the same at that place, where there were probably over one hundred cases. Whether the small mortality in proportion to the number of cases, was owing to an improved method of treating the complaint, does not, perhaps, belong to me to decide.

Our treatment, of course, varied in different individuals, according to the nature of the symptoms. In fact, though our general treatment was similar, scarcely any two cases were treated exactly alike. Almost every patient who applied to us with dysentery had used some cathartic, generally castor oil or rhubarb. When this was not the case, we generally directed castor oil, either alone or combined with laudanum, sweet tincture of rhubarb, and sometimes calomel and opium. If the complaint continued after the use of these evacuations, we then resorted to astringents, and we found the persesquinitrate of iron, either alone or combined with laudanum, and sometimes with tincture of catechu, of service. We sometimes gave pulverized catechu and kino, often alone, and frequently combined with sugar of lead and opium; but my principal reliance was upon the sugar of lead and opium, in doses of from three to four grains of the former, to one grain and a half to two grains of the latter, as often as from one to six hours, according to the urgency of the case. When the discharges were as often as once an hour, consisting of mucus mixed with blood, with matter similar in appearance to beef-brine, or when they have been of a black appearance and were evidently not colored by the persesquinitrate of iron, we generally gave the lead and opium as often as once in two hours. When they were less frequent we gave it from four to six hours, according to circumstances.

In convalescence I have found more benefit from the tincture of catechu and cinnamon in port wine, than from any other astringent or tonic. There was a tendency to great laxity of the bowels for a long while after the subsidence of the complaint. As adjuvants when the fever ran high, we resorted to alterative doses of Dover's powder. When there was much tenesmus, the greatest relief was found from the use of mucilaginous injections with laudanum, and sometimes a weak solution of persesquinitrate of iron and laudanum. When there was much tenderness of the bowels, strong mustard seed poultices and horseradish leaves were applied externally, to redden and inflame the skin. As soon as the fever began to abate, the use of animal broths was resorted to with success. Exercise in the open air, either in a carriage or on foot, was of great service when the patient was recovering. The use of flannel next to the skin was directed. These were our most prominent prescriptions in this complaint; I will not undertake to mention any of the thousand specifics which were prescribed by the people at large—most of them were worse than useless.

The following will show the post mortem appearances as in one of our cases of dysentery. A child one year and a half old, who was here with its mother on a visit from Cincinnati, Ohio, was attacked about the 1st of September, with diarrhœa, for which a dose of castor oil, and some other domestic remedies were administered. The complaint was somewhat checked, but not cured I was called on the 9th, and found it laboring under pretty high fever, with frequent dejections of mucus mixed with blood, as often, perhaps, as once an hour. There was considerable tenesmus, but there was not unusual soreness of the abdomen upon pressure. As she had recently been evacuated, I gave her the compound chalk mixture with laudanum, and powders of catechu and cerussa acetata, alternately every two hours; I directed the bowels to be fomented and stimulated with horseradish leaves, and the frequent use of starch injections with laudanum. The next day the child was so much better that the friends thought it not necessary for me to visit it. On the 11th, I was called again, and found the symptoms aggravated; the evacuations from the bowels were more offensive, frequent, and bloody, attended with nausea and vomiting. In addition to the other medicines, I directed the persesquinitrate of iron and laudanum, continued the stimulation to the abdomen, and gave aromatics to arrest the vomiting. It was all in vain, she succumbed and died on the morning of the 13th.

Post-mortem examination twelve hours after death.—The external appearance of the body was natural. In the stomach there was a small quantity of a mucous light green fluid; nothing unusual in the duodenum or jejunum. Three or four of the mesenteric glands were very much enlarged, one or two of them as large as chestnuts, or small peach stones. In the ileum traces of inflammation commenced, which increased very much in the course of the colon and cæcum. In the appendix cæci we found a common brass pin, which had entered it point foremost, and had already begun to corrode. I could not ascertain how long it lay there. The farther we proceeded in the dissection, the more inflammation we discovered. In the rectum it had gone on almost to suppuration. The other viscera of the abdomen were natural. This examination satisfied us of the propriety of the course we adopted in relation to the administration of astringents, independent of the success which attended the use of them in our practice. To give drastic cathartics in cases of such high inflammation of the bowels, is, in my opinion, but adding fuel to the fire.

Disease of the Antrum Highmoniarum, successfully treated by Dr. Isaac J. Sherwood, of New York.

During the years 1838–9, a young man about twenty-two years of age, aoplied to me to have a medium molar tooth in the upper maxillary filled. I cleaned out the cavity, (the pulp and branches of the medullary canal having to appearance been destroyed for some time,) and performed the operation, as I thought, perfectly satisfactory to the patient and myself, he complaining of no inconvenience at the time, and seeming well pleased with the operation. In about a week after, he returned, complaining of a heavy pain in the head and temples, telling me at *this time* that the tooth had bothered him (as he expressed it) some time before I had plugged it very much. I took out the filling and found a very fetid smell to come from the aperture, and a small discharge of discolored watery humor. I placed some raw cotton saturated with kreosote and laudanum into the cavity, and sent him away. He however returned the next day, and complained of a sensation as if molten lead was in his cheek-bone, and that he could not use his right arm (he was by trade a carpenter) on account of its weakness, and the constant pains and heaviness in his head, and the muscles of the cheek on that side, when he attempted to drive a plane in smoothing of boards; he likewise felt a sleepy sensation, but could get no rest from the continued benumbing feeling accompanied by twitchings in the region of the eye and the muscles of the face. From what he told me I knew it was useless to allow the diseased organ to remain, and accordingly extracted it. Considerable pus followed the operation, accompanied by a somewhat sanguineous discharge from the alveolus. This being arrested, I proposed to him to allow me to open an aperture into the antrum highmoniarum, which he consented to, and taking a straight three side headed perforator, and driving it gently, and by a spiral rotary motion, following one of the facial alveolar fossæ about an inch or more into the great sinus. The result was, immediate relief and a considerable flux of fetid dark coagulated blood and matter, or pus. The orifice made by the perforator was about the size of a common pipe stem, such as used in smoking: this I made somewhat larger, and when the oozing had in a measure abated, I wrapped some raw cotton round the end of a piece of straight iron wire, and dipping it into a mixture of muriatic acid, kreosote and aqua rosæ, I forced it into the antrum, and giving it a rotary motion from side to side, endeavored to mix up the pus, &c. with the solution introduced. This I did two or three times, and each time after the introduction of the mixture as applied, I used dry raw cotton alone, to endeavor to absorb as much of the impurities as possible. I then placed some raw cotton, saturated as above, into the cavity, to remain there, and sent him home, telling him to return the next morning. When he came, I again cleaned out the antrum with dry raw cotton and the same mixture as before, although not so strong as that used the time previous, and required him to come in *three* days, as he now felt much better. He did so, when I used a mixture of the acetate of plumbi and aqua rosæ, and treated the cavity the same as before, telling him to keep the bowels open by gentle aperients. He had been enabled to sleep and felt much better. There was a continual discharge from the sinus. When he called in a week after, he was much better, in good spirits, and enabled to use his arm somewhat, but not satisfactorily; and could attend to his trade, but not much. I advised him to continue the aperients and syringe the cavity frequently with *suds* made from tepid soft water and old Castile soap, and to bathe the external surface of the temple and cheek with tepid water and vinegar and laudanum in equal portions; which he promised to do, and as I heard no more of him, conclude the cure was effected.

Case of Tetanus following a Retained Placenta, by D. H. Storer, M. D., Boston, Mass.

On the 20th of September, about 6 o'clock A. M., I was called upon to attend Mrs. C——. She was 38 years of age, and had had two children; her former confinements presented nothing peculiar. Labor had commenced several hours previous to my visit, and her pains were very harassing during the entire day. The child, which weighed 8 pounds, was born at 6 o'clock P. M. The umbilical chord was very large, and so feeble, that in passing my finger along it, to its attachment with the placenta, it separated at its origin. The placenta, which was very firm, was situated high up on the anterior face of the uterus, and it adhered throughout its whole extent with such force to that organ, that I could not detach it in the slightest degree. Having made such efforts as I thought proper, I desisted, feeling confident no more could be done without producing an inversion of the uterus. I stated the case to her husband and friends, and requested that Dr. Bigelow might be sent for. He came and examined my patient, and agreed with me that the after-birth adhered so closely, that it could not then be removed. The hæmorrhage was very slight after the birth of the child. During that night, and the day and night of the 21st, she was comfortable, feeling as well as in her previous confinements. On the morning of the 22d she took an ounce of castor oil; this not operating, a mild injection was administered on the evening of that day. The bowels were now freely opened, but there was no appearance of the placenta being detached. On the 23d, the lochia was quite offensive, and I ordered injections into the vagina of chammomile tea. But little, if any change occurred in the appearance of my patient on the 24th and 25th; repeated chills were noticed on the former of these days, which were followed by a slight secretion of milk; and upon that and the following day the child nursed.

During this period, up to the 26th, an interval of five days, the pulse had remained good:—not the slightest uncomfortable sensation had been perceived in the abdomen, save when considerable pressure was made directly upon the contracted uterus, or when that organ fell towards the side upon which the patient might turn; the bladder was freely opened, unaided, and the bowels were kept so by oil.

On the morning of the 26th, the commencement of the sixth day, I removed a small fragment of the placenta, which had been thrown into the vagina, about the size of an English walnut, and feeling more beyond it which could not be seized by the fingers, I administered half a drachm of ergot:—this same quantity was repeated in an hour, and two masses of placenta, each about the size of the above-mentioned portion, passed during the day. Besides injections of chammomile, I had been using also a solution of alum, and an infusion of oak bark, relying principally upon the latter; but the portions of placenta last discharged were so offensive, that I now substituted a weak solution of chloride of soda.

On the 27th, the pulse for the first time since delivery was upwards of 100, small and wiry:—patient complained of pain in the head, considerable stiffness of the jaws, and a difficulty of swallowing. These symptoms rapidly increased during the day, and when I made my last visit, at 11 P. M., the tip of the tongue could scarcely be protruded between the teeth. The muscles of the neck and jaws had become much more painful, the respiration was laborious, and, at irregular intervals, tetanic spasms were present.

Dr. Bigelow visited my patient with me on the 28th, the eighth day after her confinement. She had passed a very restless night; the muscles of the face were so rigid, that the jaws could not be separated in the slightest degree: the merest touch appeared to distress her, and to hasten the spasmodic action which was every few minutes present: the head was thrown backward upon the pillow, and so firmly contracted were the muscles of the neck, that when her hand was placed back of her occiput, the whole body was brought forward, the neck not being flexed in the slightest degree: when the spasms were present, the suffering appeared to be extreme: the paroxysms increased in frequency and severity until about midnight of this, the eighth day, when she sunk, exhausted by opisthotonos.

In the case just related, there could scarcely be said to be any hæmorrhage. The vessels beneath the placenta not being exposed, the little blood which was passed out, undoubtedly flowed from the umbilical cord at its origin, when it separated from the placenta.

Unable to procure a post-mortem examination, I am left in ignorance as to the exact condition of her organs. But it will be observed, there were no symptoms of *metro-peritonitis.*

Amputation of the Arm with the Scapula, and one half of the Clavicle; also, Removal of a Testicle, by Gaetani-Bey.

On the 31st of December, 1830, a boy 14 years of age was brought to the hospital of Cairo, severely injured by an explosion in a cannon foundry. The soft parts of the left arm and shoulder were cruelly lacerated, and the bones fractured. The spermatic cord of the same side was found divided. The injuries of other parts of the body were not serious.

Gaetani-Bey having tied the spermatic artery, and removed the testicle, examined the state of the superior extremity. He found there was a comminuted fracture of the upper part of the humerus, and that the soft parts were lacerated, and looked as if they had been pounded. Excision was immediately resolved upon, and practised. The scapula being then, however, discovered to be shattered into various fragments—some of them perfectly isolated from one another—was removed, along with the muscles attached to it, the clavicle being separated from the acromion, and the skin which still remained, covering the inferior angle of the scapula, carefully dissected, so as to afford a covering for the parts exposed by the operation. The acromial end of the clavicle presenting an unseemly prominence, was then excised. A compress of several folds was placed under the bone to preserve the nerves and vessels from the saw. The edges of the extensive wound were so irregular and contused, as to render it necessary to clip with the scissors what could not unite by the first intention. Adhesion was accomplished by means of bandages, and a few points of suture. The traumatic fever was slight, and the only untoward occurrence during the cure, was a gangrenous state of the wound of the scrotum. That of the shoulder was in a great measure united on the 4th Feb., but the flaps did not entirely cover the surface. On the 24th, the cicatrization of both wounds was complete.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

On the Pulse of Infants at the Breast. By Professor Trousseau.

This work is founded entirely on numerical investigations. We can only pretend to give the results.

In infants in the first week of life, the pulse varies, according to Billard and Trousseau, between 78 and 150. At a more advanced age, according to the observations of M. Trousseau, it varies—

In the 2d half of 1st month......	from 120 to 164
Between 1st and 2d months......	" 96 to 132
In those from 2 to 6 months old...	" 100 to 162
" " " 6 to 12 " "...	" 100 to 160
" " " 12 to 21 " "...	" 96 to 104

In girls after the three first months, the pulse is a little more frequent than in boys, by from 10 to 15 beats more in the minute.

In infants from fifteen days to six months old, the pulse beats, when they are awake, 180; and during sleep, 121 times in the minute. In infants from six to twenty-one months old, the numbers are 128 during waking, and 112 during sleep.

It follows from these facts that, in a practical point of view, it is difficult, on account of the considerable interval which separates the maxima and minima in the normal state, to judge of the frebrile state of an infant seen for the first time merely by the frequency of the pulse, unless its frequency be extreme. If, indeed, the normal state of the pulse be known, then an increase in the number of its beats affords a valuable sign. And if in a sleeping infant the pulse is 140, or in one that is awake and not agitated, 150, or 155, a state of fever may in general be suspected. On the whole, however, with the child at the breast as with the adult, the frequency of the pulse has no value as a symptom unless it be combined with other functional disturbances, and especially with changes in the temperature of the body.—*L'Examinateur Medicale.*

Burnt Rhubarb in Diarrhœa.

F. P. Hoblyn, Esq., of the Middlesex Hospital, states that he has used burnt rhubarb for seven years, and found it more serviceable in the diarrhœa, attendant on the last stage of consumption, than the chalk mixture and opium, or any other of the usual remedies.

I have known it used, he remarks, with the same pleasing effects, for more than twenty years, in incidental diarrhœas. After one or two doses, the pains quickly subside, and the bowels return to their natural state. The dose is from five to ten grains.

The manner of preparing it is to burn the rhubarb powder in an iron crucible, stirring it until it is blackened; then smother it in a covered jar.

It loses two-thirds of its weight by the incineration. It is nearly tasteless. In no one case where I have known it given has it failed. I have given it in port wine, milk, and water.

Preparation of Hydriodate of Potash Ointment.

Messrs. T. and H. Smith, of Edinburgh, having found it impossible to make a neat ointment of hydriodate of potash by the ordinary method, (rubbing down the salt in a mortar into a fine powder, and mixing it with axunge,) have resorted with success to the following method:—Dissolve the requisite quantity of hydriodate in its own weight of distilled or some perfumed water, and then mix thoroughly in the mortar with the proper quantity of lard. The two incorporate perfectly with a very little heating, and form a smooth ointment.—*London and Edinburgh Monthly Journal Med. Sc.*, Oct. 1841.

Successful Employment of Large Doses of the Iodide of Potassium in the Last Stage of Acute Hydrocephalus.

Dr. Roeser, of Bartenstein, in Wurtemburg, advocates the employment of the iodide of potassium in large doses, in cases where the ordinary remedies have failed, where paralysis has already occurred, and death appears impending. It has been administered in earlier stages of the disease, and in small doses, by other physicians. His prescription for a child two years and a half old was—

℞ Hydriod. Potassæ ʒj.
Aquæ Distill. ℥ss.—Misce.

Thirty drops to be given every hour in a glass of water.

This was continued for a week, and then for four days more, half the quantity was given. When the use of the medicine was begun, the child had been affected six days, with symptoms of hydrocephalus, for which leeches were applied to the temples, cold to the head, and calomel was given in large and frequently-repeated doses, without any amendment. On February 12, 1840, the child lay insensible, with pupils fixed and dilated, complete paralysis of the right side, and frequent automatic movements of the left leg and arm. The face was flushed, the body bathed in perspiration, the pulse frequent, and deglutition was accomplished with difficulty. The iodide of potassium was now given as above, and within twenty-four hours a drachm of the medicine had been administered without any perceptible change. On the 14th, it was noticed that the pupils, before much dilated, had become contracted; on the 15th, the plaintive hydrocephalic cry was less frequent, the pupils were neither contracted nor dilated, and the bowels had acted copiously. On the 21st, the child gave evident signs of consciousness, the pupils acted regularly, and the face had an air of cheerfulness. The patient began to move the left arm and left leg, which had lain motionless for a week, when the automatic movements ceased. Paralysis of the right side, however, continued until the 23d. The iodide of potassium was discontinued on February 21st. A crop of boils now formed on various parts of the body, notwithstanding which, the child continued to recover. In May, it had regained its flesh, was cheerful, and very intelligent.—*Hufeland's Jou.*

On Milk.

At a meeting of the Academy of Sciences, on the 7th June, M. Donné communicated some observations on milk. Before the researches of the author, it was generally believed that milk is acid on being drawn from the breast; but M. Donné proved that the fresh milk of the human female, and of the female ass, is alkaline; as for the milk of the cow, some doubts still remained, because it is almost neutral, and has the curious property of both turning blue test-paper red, and of restoring the blue color of paper that has been reddened by an acid. Sometimes, indeed, cow's milk is acid; we then discover by the microscope, that the milk globules, instead of floating separately in the fluid, (as is the case in healthy milks,) are collected together in little masses, and it seems probable that this change depends on the commencing coagulation of the caseum. In a recent case where it was a matter of the utmost importance to obtain perfectly pure milk, the author found this alteration in the milk of a cow which had been selected for her healthy appearance. The milk was acid, and the globules agglomerated.

At the previous meeting, M. Donné communicated the results of some experiments with milk, which he had performed on various animals. Milk of different qualities was injected into the vessels and great cavities of dogs, horses, goats, frogs, &c. Milk of good quality had no bad effect when mixed with the blood; while on the contrary, unwholesome milk gave rise to various accidents, and sometimes occasioned death.

To Correspondents.

We thank "Dr. A. Fitch" for his friendly communication.

We will be happy to hear often from "Trephine," but think it best to waive for the present any reference to the subject of his last note.

"A Physician" will find an answer in another column.

"A Student" is informed that in our opinion Dr. M'Kenzie's work is the best treatise on the Eye.

OBITUARY.

Died, on the 14th inst., of congestive fever, after an illness of four days, **Thomas Daly**, Esq., a native of Sligo, Ireland, late resident of Richmond, Va., and a student of medicine in the University of New York.

It is with unaffected sorrow that we record the sudden death of this amiable and talented young man. To intellectual attainments of a high order, he had united all the warm and generous feelings of an Irish heart; and his eminent acquirements in science were adorned by the modesty and humility of genuine talent. He was enthusiastically devoted to his professional pursuits, and gave high promise of future usefulness. Alas! his sun has gone down at noon. The All-Wise has suddenly removed him from this earthly stage. But

"After life's fitful fever he sleeps well!"

His name will be cherished in many a friendly breast, and with it will be associated the remembrance of talent, genius, and moral worth.

The following was the order of the funeral procession:—

The Janitors of the College.
Clergyman in his robe.

Pall Bearer.		Pall Bearer.
Pall Bearer.	Coffin.	Pall Bearer.
Pall Bearer.		Pall Bearer.
Pall Bearer.		Pall Bearer.

The Professors of the Medical Department in their gowns.
The Professors of the Literary and Scientific Departments in their gowns.
The Students of Medicine two and two.
The Students of Arts and Sciences two and two.
Physicians and Citizens.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, from the 8th to the 15th day of January, 1842.

46 Men, 51 Women, 57 Boys, 56 Girls. Total, 210.

DISEASES.

Apoplexy	4	Insanity	0
Asthma	0	Intemperance	2
Asphyxia	0	Inflammation	0
Abscess	1	Of liver	0
Bleeding	1	Of bladder	0
Bleeding from stomach	0	Of brain	6
Bleeding from lungs	0	Of stomach	0
Burned or scalded	2	Of chest	3
Casualtics	0	Of lungs	20
Cholera infantum	0	Of bowels	4
Cholera morbus	0	Of throat	0
Cancer	0	Jaundice	0
Colic	0	Killed or murdered	1
Consumption	32	Locked-jaw	0
Convulsions	15	Lues Venera	0
Croup or hives	3	Mortification	1
Debility	0	Malformation	1
Delirium tremens	4	Marasmus	8
Diabetes	0	Measles	2
Diarrhœa	1	Old age	0
Death from poison	0	Organic disease of heart	4
Dropsy	4	Palsy	5
Dropsy in head	14	Rheumatism	0
Dropsy in the chest	2	Spinal disease	0
Drowned	1	Scirrhus	0
Dysentesy	2	Suicide	2
Erysipelas	4	Sprue	0
Epilepsy	0	Small-pox	6
Fever	3	Scrofula	4
Scarlet	18	Teething	1
Typhoid	7	Tumor	0
Puerperal	1	Unknown	0
Remittent	1	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	0
Gravel	2	Worms	1

AGES.

Of 1 year and under, 40; between 1 and 2, 25; 2 and 5, 25; 5 and 10, 9; 10 and 20, 10; 20 and 30, 25; 30 and 40, 31; 40 and 50, 12; 50 and 60, 16; 60 and 70, 4; 70 and 80, 4; 80 and 90, 2; 90 and 100, 1; 100 and upwards, 0; unknown, 0.

William A. Walters, City Inspector.

City Inspector's Office, Jan. 15, 1842.

METEOROLOGICAL TABLE FOR THE HARBOR OF NEW YORK.

Abstracted from a "Meteorological Register," kept at New York, for the year 1841. Latitude 40 deg. 42 min. 40 sec. Longitude 74 deg. 1 min. 8 sec. By R. S. Fisher.

MONTHS, &C.	THERMOMETRIC OBSERVATIONS.																WINDS.									WEATHER.								Rain Guage, results in inches.
	Means of Diurnal Observations taken at																																	
	Sun Rise.	2 P.M....	Sun Set..	9 P.M....	Max. Temperature......	Min. Temperature......	Absolute Mean Temperature	Extreme range of Temp...	Mean range of Temperature	M'n difference of suc. days.	Difference of successive months....	Hottest day...	Coldest day...	Mean Temp. of Earth, depth of 30 inches.	Mean Temp. of Tide Water.	Mean Temp. of Ebb Water..	North Days...	N. East Days..	East Days...	S. East Days..	South Days...	S. West Days..	West Days....	N. West Days.	Prevailing ...	Fair Days....	Cloudy Days..	Variable Days	Rainy Days...	Snowy Days...	Foggy Days...	Thund. Storms	Fevailing ...	
January	29 32	33 51	32 03	31 06	48 00	6 00	31 48	42 00	5 67	4 66	2 09	7th	3d	32 43	33 50	32 73	½	10	½	½	4½	11	3½	½	S W	11	15	5	13	6	3	0	C.	8 78
February	25 42	33 10	31 00	28 04	48 00	7 00	29 39	41 00	8 93	3 77	8 61	28th	12th	33 00	33 14	32 85	½	2	0	½	2	18	5	0	S W	16½	5½	6	1	3	1	0	F.	2 38
March	33 87	42 74	39 22	35 77	64 00	20 00	37 90	44 00	10 35	4 19	8 11	27th	16th	37 80	37 30	37 50	0	10	½	½	5	11½	2	1½	S W	15	10	6	8	6	5	3	F.	5 97
April	42 33	51 16	46 86	43 70	60 00	30 00	46 01	30 00	10 50	3 76	9 96	2d	12th	44 70	44 50	44 20	½	10½	0	0	5	10½	1½	2	N W S W	5	11	11	21	3	16	2	C.	1 39
May	50 93	63 96	55 93	53 06	80 00	33 00	55 97	47 00	13 38	2 62	13 22	25th	3d	52 50	52 72	52 45	0	4	0	2	4	12	8	1	S W	12	7	11	18	0	9	4	F.	4 67
June	63 70	76 70	69 06	67 33	90 00	54 00	69 19	36 00	13 30	4 38	3 53	30th	1st	66 80	66 80	67 20	½	4½	½	1	7½	11	2	3	S W	15	7	8	10	0	9	6	F.	4 48
July	66 13	81 25	73 19	70 32	90 00	57 00	72 72	33 00	15 51	3 12	1 30	23d	31st	72 90	72 70	72 70	0	3½	0	0	4	16	1	6½	S W	22	1	5	9	0	2	7	F.	3 35
August	65 64	78 45	71 83	69 77	85 00	56 00	71 42	29 00	12 90	1 75	5 09	4th	1st	70 70	73 70	73 60	0	8½	½	1½	8	9½	½	2½	S W	13	10	8	14	0	15	4	F.	5 13
September	61 56	71 86	67 13	64 80	83 00	54 00	66 33	29 00	11 13	2 93	17 22	3d	30th	69 40	70 80	71 00	3	8½	½	1½	2	11	2	1½	S W	15	7	8	9	0	12	3	F.	3 07
October	43 58	51 06	50 67	48 13	63 00	32 00	49 11	31 00	10 90	3 38	9 22	12th	25th	54 45	53 81	55 00	½	5	0	0	2½	11	4½	7½	S W	17	6	8	7	1	6	1	F.	3 53
November	35 93	43 50	41 83	38 33	65 00	21 00	39 89	44 00	10 86	4 15	5 70	2d	29th	41 30	41 60	41 80	1½	2½	1	2½	3	9	3½	7	S W	18	5	3	10	6	3	1	F.	6 30
December	29 45	39 25	35 93	32 13	54 00	10 00	34 19	44 00	11 00	6 50	2 71	24th	21st	30 10	34 00	34 00	3	4	0	4½	1	10½	½	7½	S W	12	15	4	9	6	7	0	C.	5 87
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THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, JANUARY 29, 1842. No. 5.

REVIEW DEPARTMENT.

Professor Mott's Lectures on Surgery.--No. V.

Lecture XII.

In this lecture the learned Professor dwelt on the subject of the surgical operations required for the removal of deformities of the eyelids produced by accident or disease, and for the cure of strabismus, but we can easily give the whole discourse in a very few paragraphs.

Carcinomatous ulceration was represented as occasionally the cause of hideous deformities of the eyelids, but the process of cicatrization after severe burns and scalds, was stated to be the most frequent cause. Allusion was made to a case of the latter description, which was successfully treated by Dr. Alfred Post, of New York. The operation in such cases consists in removing all the cicatrices that are contracted, and produce the deformity. The same process of union by the first intention which had occasioned the deformities, was sought to be effected in their removal. "You must," said the lecturer, "in this tailoring, (a laugh,) make a pattern, and draw it out with a pen on the temple, account for the contraction that will take place in the healing, and make the pattern a little larger than the part you wish to supply. A want of stuff in these cases is not easily supplied, and you had better take care that you don't clip it too short. I'm not in the habit of marking it out with a pen, for the reason that I trust to my eyes a good deal, but it is my duty to tell you what is safest for you to do. You must leave an isthmus to this, and then you can turn it any way you please, and when it is fastened you can cut off this tongue. Speaking of these things puts me in mind of what I saw done by a surgeon in Paris. And here let me say, that I have seen many operations in France of which I strongly disapproved; but then I have too much respect to gentlemen who have shown me attentions to mention names in such cases. I cannot do it. But whenever an opportunity occurs of commending the practice of professional gentlemen, I speak in their praise, from the Nile to the Thames. But I really could not censure those who did not operate in the way that would have accorded with my views and feelings. But with regard to operations of this kind, I was going on to say that I saw this great surgeon (operate) in (the case of) a female in one of the hospitals of Paris; it was a case of vesico-vaginal fistula, and the surgeon took a patch out of the nates of the female, and he made a tongue to it, six or eight inches long, (a laugh,) and indeed you may well say that there was more neck than head in that operation, and he 'tucked it up' the aperture, and after scarifying the edges of the fistula, he sewed it up as well as he could. As a matter of course, it failed. I needn't say that I don't advise you to follow such an example," (a laugh.) The next subject, he said, was one of absorbing interest. He meant the operation for

SQUINTING.

It is said, but he cannot vouch for the correctness of the statement, that the operation of dividing one of the internal recti muscles in strabismus, was done by a surgeon of this city some years ago. He did not give the name of the gentleman, because he didn't know whether this assertion is correct. "It would afford me great pleasure to be able to say that the credit of being the first to perform this operation belonged to an American. This operation originated with Dieffenbach, who is certainly very clever in his way, and possesses a good deal of surgical tact. The operation consists in dividing the contracted muscle, whichever it may be. No two men perform the operation precisely alike. I have made up my mind, after seeing all the most eminent men of Europe operate, as to what is the best mode. I confess that I cannot fall in love with the plan adopted by Dr. Guerin, of Paris, although it succeeds very well with him, but in his hands almost any thing would do well. I can do it in his way too, but passing to you, it is my duty to say, as I doubtless will forty-nine times this winter, that what is safe and proper for me to do, is unsafe and improper for you." (!)

Lecture XIII.

"The best way of fixing the eye," the lecturer continued, "is to introduce a hook into the sclerotica, close to the inner canthus, and then draw the ball gently outward from the socket. This can easily be done, and by that means the muscle is made more superficial. An assistant then elevates the upper, and another depresses the lower eyelid. The operator, with a pair of forceps, next pinches up the sclerotica, and with a pair of curved probe-pointed scissors, snips it off. The insertion of the muscle will then be easily seen, if the blood does not run freely; if it does, sponge it clean; you needn't be in a hurry; it is a great mistake to be in a hurry in operating; operations are done soon enough, when done well. Then you divide the aponeurosis of the muscle, and pass under the muscle the blunt hook; you then divide the muscle with the scissors, and divide the aponeurosis for at least one-third of the periphery of the eye ball. The proof of the success of the operation will be the inability of the person to turn the eye inward; that is, if it have been a convergent squint. Sometimes very considerable inflammation follows the operation, but in most cases it is very slight. When inflammation occurs, it is of course to be treated in the usual way. After the operation, apply a cloth dipped in cold water; and I generally order a glass, one half of it obscured, to be worn for some time. If both eyes squint, operate on both at the same time. Double vision sometimes occurs after the operation, thout I have never met with a case of it myself. It is occasioned by the harmonious action of both eyes not being established, and soon disappears."

The learned Professor then proceeded to speak of

CATARACT.

After some remarks relative to what was called the "specialities of the profession," which we do not deem of sufficient importance to recapitulate, and an historical sketch of the history of the various operations for cataract, which was very meagre and not altogether correct, the learned Professor went on to say that this affection commences by a mistiness or muddiness in the sphere of vision, which gradually settles to a point, though nothing can be discovered by inspection of the eye, for considerable time elapses before the lens becomes so opaque as to be visibly so. This mistiness goes on till the patient will complain that it seems to him as if he were looking through gauze. Persons affected with cataract see much better in a dim light than in the clear sunshine, because fewer rays of light are admitted to the bottom of the eye when the pupil is contracted, as it is by a strong light. A person with cataract will never be perfectly blind. This is a fact very important to be recollected. This is a true criterion mentioned by Scarpa, Wenzel, and all others of note, on the subject of the eye. Some have said that mobility of the iris was an infallible proof of soundness of the bottom of the eye, or the retina. That is a great mistake. There may be perfect mobility of the iris—the pupil may contract and dilate as naturally as possible, and yet the retina be perfectly insensible to light. In a volume of "Medical Inquiries and Observations," there is a curious case related by Mr. Lucas, which he visited with Mr. Hey, of Leeds. It was that of the family of a clergyman at Beverley in Yorkshire, five of whose children were born blind; they could not distinguish darkness from light, and Mr. Lucas states as a fact particularly interesting, that the motions of the pupil in all these children were distinct and natural. The learned Professor stated, that only a few days before, a gentleman had brought him a fine youth, who was one of seven children, all of whom had been born blind. This youth could with difficulty distinguish day from night, yet his eyes looked perfectly natural—there was perfect mobility of the iris, and the pupils contracted and dilated. Cataracts, continued the lecturer, are divided into true and false, or the lenticular and capsular. How do you distinguish these two sorts of cataract? Generally, from habit and the descriptions I will give you, you will be able to do this. In the true cataract, there appears to be a small space between the iris and the opaque body. In the false cataract the pupil seems fuller, and no such space as that just spoken of is discoverable. Again, in the true cataract, you will often observe a striated or radiated appearance, which is peculiar and characteristic.

Lecture XIV.

Cataracts are again subdivided, according to their various degrees of consistence, into the hard—the soft—the mixed, and the floating cataract, which includes all the numerous varieties mentioned by authors. There is also the bony cataract, which is extremely rare. The first cataract I ever extracted was of this description. The causes of cataract are extremely mysterious. That this affection is hereditary is beyond a doubt. Cataract must be owing to some kind of inflammation in the lens or its capsule, which produces a certain degree of disorganization. We have the traumatic cataract, which results from injury producing inflammation. Some have said that they have known cataract produced in twenty-four hours. I can say, however, that I have known it produced in six days. Veterinarians are well aware of this fact. It is an interesting fact connected with traumatic cataract, or that resulting from any injury, that it will spontaneously disappear. An operation in such cases is therefore not to be recommended. Wenzel and Ware both agree on this point. As respects internal treatment of cataract, we know of nothing that can in the least avail. Baron Wenzel gave an extensive range of trial to mercurials, but without the least effect. Mr. Ware recommends in cases of traumatic cataract, to drop a small quantity of vitreous ether once or twice a day into the eye, at the same time rubbing the lids with a little volatile or soap liniment. It is proper to ascertain, before determining on an operation, whether there be a syphilitic taint in the constitution. If there be, I would on no account recommend the operation. Neither should the operation be performed if the patient can see with one eye. And if both eyes be affected, it is not proper to operate on both at the same time. It is enough to subject one eye to the hazard of the operation. A great deal depends on the previous and after treatment to secure success. Even the simple operation of scarification of the conjunctiva should be preceded by appropriate treatment. The oldest operation is that of 'couching,' or depression. Next we have the operation of extraction. Then there is the anterior operation of Saunders, in contradistinction to that of couching, which is a posterior operation relatively to the ciliary ligament.

COUCHING.

This operation is supposed to be as old as the days of the great Alexandrian school of medicine. It consists in passing a 'needle' behind the ciliary ligament through the sclerotica to the lens; and after the capsule is lacerated, the needle is turned up and laid flatwise on the lens, which is then depressed. The learned Professor described the various cataract needles which have been used by different operators. 'Hey's' was said to be the best for a beginner. The pupil to be dilated by the application of belladonna and stramonium prior to the operation. After the operation the patient to be put to bed in a dark apartment, cold-water dressings to the eye, and an anodyne administered. The best sudorific anodyne was 'Dover's Powders.' If the opium was objected to by the patient, the addition of a grain or two of camphor would obviate any unpleasant effect which was sometimes produced by opium in any form. The morning after the operation there may perhaps be a good deal of pain in the eye; if so, bleeding from the arm and general antiphlogistic treatment will be necessary. The inflammatory action being carefully watched and subdued in this way, after eight or ten days, a little light may be admitted into the apartment. If the cataract be hard, it is a very common thing to find that it floats back again into the focus of vision. That was one of the inconveniences of this operation. The operation must in that case be repeated, and this has been done as often as seven times on one eye. Mr. Hey states that he has repeated it twelve times in the same case.

EXTRACTION OF THE CATARACT.

The Professor gave a brief historical sketch of this operation, which we do not deem necessary to repeat. He stated that to Wenzel belonged the honor of bringing the operation to perfection. The harder the cataract and the more bulging the eye, the easier was the operation and most likely to be followed by success. The patient was to be prepared for the operation in the same way as recommended in the preceding case, and, in addition, the eye was to be 'disciplined by subjecting it to frequent irritation by a probe.' The Professor then described and exhibited the various instruments required in this operation, and so concluded this lecture.

Lecture XV.

After a few judicious remarks respecting the operator being seated on a chair, and somewhat higher than that on which the patient is placed, and having his foot firmly resting on a small bench in order that he might steady his hand by placing his elbow on his knee, the learned Professor proceeded to describe the operation. The knife is to be passed flatwise into the eye, through the transparent cornea about one or two lines from the ciliary ligament. At its introduction the knife is to be passed almost perpendicular, and the moment it is introduced it is to be depressed a little and passed through the eye as quickly as compatible with safety. The knife is passed through till the point emerges on the other side at about the same distance from the ciliary ligament as on its entrance, and the flaps cautiously made. If the iris floats over the edge of the knife, the operator, before proceeding with the operation, is to put his finger on the cornea and rub it down two or three times; the iris will then resume its place, and the incision may be completed. If this precaution be neglected and the iris be cut, blindness will in all probability be the result. Yet this unpleasant accident has happened to many distinguished oculists, and among others, it had happened to the learned Professor himself. After the section of the cornea, the lid is instantly to be closed, and allowed to remain so for a few seconds. In cases where this has not been done, the muscles of the eye have been thrown into spasmodic action, and the whole of the vitreous humor been thrust out. After all the involuntary action of the muscles subsides, the lid is cautiously elevated, and the operator 'introduces this little instrument into the flap of the cornea and into the pupil, and a little motion of it lacerates the capsule, and very often the lens will follow out with the instrument.' Then, if the iris protrudes, it is to be returned, and the patient put to bed in a dark room, with a compress laid loosely on the eye, and the head moderately raised. The admirable expedient of the late Dr. Physic for preventing the patient from removing the dressing, or otherwise injuring the eye, by securing his hands, was alluded to and recommended for universal adoption. The eye was not, on any account, to be examined until after the lapse of five or six days. If the iris protruded and could not be replaced, escharotics were to be applied. The solid nitras argenti was the best application. The suggestion to make the flap above was referred to with approbation.

'ANTERIOR OPERATION' OF SAUNDERS.

This operation is not so likely, as the one just described, to be attended with injury to the eye, and it is one adapted to the case of patients of every age, and particularly in infancy. The needle is passed anterior to the ciliary ligament; the capsule is lacerated, and that is all that is done—the operation being performed on the principle of effecting the solution of the cataract *in situ*. The operations of Sir Wm. Adams, and others, were described at length, but as nothing new was advanced, and the matter was not of great practical interest, we need not go into the details. A very brief reference was then made to Cheselden's operation for

ARTIFICIAL PUPIL,

for a full description of which the students were referred to the books, and thus closed the fifteenth lecture.

Professor Revere's Lectures on Inflammation of the Medulla Spinalis.

DELIVERED IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.—SESSION 1841–42.

[REPORTED BY THE EDITOR.]

[We did not take notes of the cases quoted from ABERCROMBIE by the lecturer, in consequence of receiving his kind promise to furnish us with them, and so must apologize to our readers for deferring their publication till our next.]

Lecture III.

GENTLEMEN:—I am next to speak of that class of diseases, not unfrequently met with, and which without the light thrown on them by the views I have endeavored to explain, appear anomalous and altogether inexplicable. These cases are frequently not marked by any pain about the back. When pain does exist in that situation, it is generally referred to the lumbar portion of the spine. You will then inquire how it is that we ascertain the occurrence of inflammation here when it is not marked by the existence of pain? We answer that we do so in the same way that we discover inflammatory action in other organs, such for instance as the mucous membrane of the stomach and bowels, when there are no other indications but slight increase of sensibility and diminished functional ability, by which we discover the existence of inflammation. In many of the more obscure cases of gastritis, or the 'gastro-enterite' of which the French are so much in the habit of talking, post-mortem examinations discover lesions, the result of inflammation, which must have existed through the whole progress of the case, but which was not indicated by any symptoms but those of slightly increased sensibility and diminished functional power. But is it possible to ascertain that any morbid sensibility exists about the medulla spinalis? Here it is, in the first place, surrounded by membranes and structures, in their natural state, almost entirely destitute of sensibility; then it is encompassed by a strong bony case, consisting of the vertebræ, bound together by ligaments of tremendous strength, and all surrounded by dense muscular structures? I reply that it is an important and well-established fact that the fibrous structures which bind this bony case together and which invest the medulla spinalis, although in a state of health almost entirely destitute of sensibility, yet when inflamed, they become invested with an extreme degree of sensibility, so that the slightest pressure produces pain. If then on pressing a portion of the medulla spinalis, we find that it is possessed of morbid sensibility; and if the compound nerves corresponding to that portion of the spine are diminished in function, we have precisely the same grounds for forming a judgment that all this depends on inflammation, as we have in numerous other cases equally difficult and obscure, particularly those of inflammation of the mucous membrane of the alimentary canal. When, therefore, a case presents itself—as those of this class generally do—with a great variety of anomalous symptoms, indicating it may be lesions of all the organs situated within the great cavities of the trunk, it is impossible for us to analyse them, and our mode of reasoning throws us back on the nervous system, and it is then that we make a careful examination of the spine, and very often the phenomena developed in this way, at once throw a flood of light on the true pathological character of the case. This we do by carefully examining each of the vertebræ separately. We begin with the first cervical vertebra, and go through the whole of the column. There are various modes of making this examination, some of them rude, severe, and, in my opinion, improper. I have seen some physicians use hard substances, such as a door-key, others their knuckles, and I have known such force employed as to occasion so severe pain as to cause the patient to faint away. The best way to make the examination is to take the end of your forefinger, request the patient to bend a little forward, and then gradually pass along the column with a sudden motion and lateral pressure. In the healthy state no painful sensation will be produced, but if disease exists in any portion of the spine, when you arrive at it the patient will immediately complain of pain, and describe its course so as to enable you to trace the route of the compound nerve emanating from that particular portion of the medulla spinalis. When the sensibility is not so acute, various modes of examination have been suggested. Dr. COPELAND's is, in my opinion, the best. He suggested the idea of taking a large piece of sponge, dipping it in water as hot as the patient could bear, and then passing it slowly along the spine, and by that means detecting the situation where any increased sensibility exists.

CASE I.—Let me now illustrate the class of cases of which I have been speaking. The first case is one in which the symptoms were mild, but sufficiently significant. A young man, æt. 25, industrious, a tailor by trade; very anxious to get on, he worked extra hours, and in a very warm room, sitting of course in the usual position of artisans of his class. His health, when he applied for advice, did not seem materially impaired, but he had certain unpleasant symptoms, which came on so slowly that he was scarcely conscious of them. First, there was pain and uneasiness about the umbilicus; afterwards difficulty of micturition—loss of power of voluntary motion—sense of weakness—numbness of lower extremities—appetite being at the same time good, and digestion unimpaired, but bowels slightly constipated—pulse perfectly natural. Under these circumstances this man applied to me. What could explain these phenomena? My attention was, of course, directed to the spine; and I found on examination that the lower dorsal vertebræ were exceedingly sensitive. He was directed to leave off work—to exercise moderately in the open air—he was cupped over the dorsal region of the spine—a blister was also applied in the same situation—regular friction of the lower extremities was enjoined—and he was directed to take a nutritious diet. In the course of a few days, under this treatment, all the morbid sensations which I have described disappeared, and the health of the patient was completely restored; no other treatment than that I have mentioned having been employed.

Case II.—The second case which I will detail occurred under my care in the dispensary at Jefferson College. The patient was a bottler of porter, and he had been suffered, as he stated, for about two years with frequent pain in the head, and weakness of his left arm; not, however, severe enough to disable him from following his employment. Within the last two months, however, the symptoms had greatly increased in severity. He now had frequent vertigo, and a distressing sensation of pain and uneasiness in the arm, which he was unable to hold still. At the same time there was numbness of the hand, and a loss of voluntary motion, by which he was obliged to leave off business. His face had that bloated appearance which indicated excessive intemperance; he complained of nausea and frequent vomiting; the left arm was entirely useless; bowels constipated; the tongue of a dirty brown color, sharp and conical, and of a bright red at apex and edges—suspected him of intemperance, and exposed my suspicion to him; he replied that he was not addicted to drunkenness, but that when employed at his occupation, the bottles of porter were frequently too full, and that instead of pouring the redundant liquor into another vessel, he poured it into his mouth. (A laugh.) On examination I discovered morbid sensibility about the lower cervical vertebræ. I of course set out with enjoining this patient to at once abandon the habit of stimulation. I administered an emetic, and had the cuppling glasses applied to the portion of the spine affected, and followed by a blister. In the course of a few days a palpable amelioration took place. The tremulousness left the arm, and the other symptoms gradually disappeared. He applied at the dispensary on the 17th of May, and was discharged on the 10th of June, perfectly cured.

I will now refer to another variety of cases met with in practice, in which the symptoms are still more obscure. The case which I am about to detail, was perfectly incomprehensible without the light which the views I have explained are calculated to afford. I saw this case in consultation with some of the best informed physicians this or any other country can produce, and to them the case was as utterly inexplicable as it was unto myself.

Case III.—A lady was confined with her third child. She had a favorable accouchement. Every thing went well. The lochiæ were naturally discharged. Milk was secreted abundantly. About a week after her confinement, one of her children in an adjoining apartment, suddenly awoke in a fright and screamed aloud; scarcely conscious of what she done the mother started from her couch, and with her feet uncovered, hurried to her child across a lobby on the floor of which was a 'painted carpet,' (oiled-cloth!) This was in the midst of winter, and instantly the consciousness of the danger of her imprudent conduct flashed across her mind, and she quickly returned to her bed. The consequence was a violent attack of puerperal peritonitis from which she with difficulty recovered. This was the commencement of her indisposition. She was apparently quite convalescent when she was seized with attacks of the kind I am about to describe, which continued for several years. Each attack would be ushered in by a violent pain about the middle of the dorsal region, which would gradually spread on both sides and approach the epigastrium, increasing in severity as it advanced, and when, as she expressed it, 'the two pains met,' the torturing agony was indescribable. An infinity of remedies—opium by the spoonful—friction with flannel—sinapisms to the extremities, &c., were tried, but without avail. I have seen her during one of these attacks with her face as white as marble—her lips perfectly purple—no pulsation at the wrist—her hands and feet as cold as ever they will be in death—and indeed I often expected that she would expire in one of these fits. Then the violence of the attack would suddenly subside, and in two or three weeks she would get almost well. This disease was called 'cramp of the stomach' and 'cholera.' In a month or two, perhaps, another paroxysm would occur. It was imagined that it was all owing to dyspepsia, and she was then put on the most rigid diet, but the attacks would come on as usual. Again, it was supposed that the liver was the seat of the difficulty. She was blistered and bled, and all the routine of alterative treatment followed. At last the patient became convinced that all remedies were not only useless but positively injurious, and she refused to submit to any sort of medical treatment, and from her own experience learned to treat herself in this way. The moment the attack commenced she had a large fire made, had herself rolled in blankets and drank copiously of hot chammomile tea, keeping the teapot which contained it applied to the epigastrium. Sometimes vomiting was produced, if any irritating fluid was in the stomach, but most generally a copious diaphoresis was the result. She was thus gradually relieved—the pain would, for the time, pass away. For two or three years she suffered in this way; but in the meantime the disease seemed to change its position and manifest itself in the head, accompanied with great intolerance of light. The lady now retreated, when attacked, to a dark apartment, pursuing the same mode of treatment as I before described. During all this time none of the physicians in attendance had discovered the origin of the disease. It happened that my mind was at this time directed to the consideration of the diseases of the medulla spinalis, and it now for the first time appeared to me that the sufferings of the lady might be owing to some lesion of this organ. Acting on this conviction, during one of the attacks I applied a strong mustard sinapism to the nape of her neck, and for the first time in years the paroxysm was cut short in its middle! Since that time to this she has never had a severe attack, and has always been enabled to prevent any seizure by the employment of counter irritation.

(TO BE CONTINUED.)

Mr. Porter on Aneurism--Fourth Article.

CAUSES OF FAILURE OF THE OPERATION FOR ANEURISM.

Mr. Porter first touches on the return of pulsation in the sac. In proportion to the facility with which the blood enters this, is the cure of the disease put in jeopardy. The phenomenon in question may arise from different causes, some of which are known—others, perhaps, remain to be discovered. One is the existence, by an irregular distribution, of two trunks in the limb, both conveying blood to the aneurismal tumor. Sir C. Bell had a case of popliteal aneurism in the Middlesex Hospital, in which, just below the origin of the profunda, the femoral artery divided into two branches of nearly equal size, which ran parallel to each other, until they arrived at the spot where the artery perforates the tendon of the triceps muscle, and there they united again. Only one of these was tied, and although the pulsation ceased for a moment, yet it soon returned, and never disappeared until the patient's death, which happened a few days afterwards from erysipelas. A preparation of a similar distribution is preserved in the museum of the Royal College of Surgeons in Dublin, and Dr. Todd states that another is to be seen in St. Bartholomew's Hospital, London. Mr. Porter conjectures, that tying the ligature too closely may be another cause, and cites a case in point which occurred in the practice of Dr. Cusack The next circumstance is the existence of such an extensive and free communication, by anastomoses, as will convey to the tumor, by a circuitous route, the impulse which the ligature was intended to remove. It is probable that this condition obtains, with respect to aneurisms of the internal carotid in the neck, and that the free and extensive anastomoses through the vessels of the brain in their natural and normal state, will be quite sufficient, to interfere more or less completely with the cure. Mr. Porter relates three cases in point. A probable reason of the non-success of the operation in some instances, is constitutional idiosyncrasy preventing the coagulation of the blood. The following appears to be a case in point:—Some years ago, a man was admitted into the Meath Hospital, having received a stab of a sharp-pointed shoemaker's knife, about an inch below the right sternoclavicular articulation, by which the internal mammary artery and vein were wounded. These vessels poured out their blood continually, and in such abundance, into the cavity of the pleura, that the lung became dreadfully oppressed, and it was deemed advisable to perform the operation of paracentesis, on the fourth or fifth day after the receipt of the injury. The wound made in the operation was large, in the expectation that it might facilitate the escape of any coagulum, but the precaution was found to have been unnecessary, as the blood had remained in a perfectly fluid state, and flowed away with great facility. The quantity of blood thus lost was enormous, it must have amounted to some quarts, and as the wounded vessels still continued to bleed, it is scarcely necessary to add, that the patient soon died. On examination after death, a good deal of fluid blood was found in the cavity of the pleura, but not a particle in a state of coagulation.

SECONDARY HÆMORRHAGE

is the next subject discussed by Mr. Porter. He dwells upon its difficulty, and on the uncertainty which envelopes the causes of this formidable accident. Practically, says Mr. Porter, we meet with secondary hæmorrhage under two conditions—one, where there has been previous bleeding, which, being controlled for some time, bursts forth again: thus, if a bleeding vessel that had been tied, or a surface to which the cautery had been applied, should bleed, or even if a hæmorrhage that had seemed to have been stopped by the sanative powers of Nature alone, should appear again, this bleeding is termed secondary. The other, where there has *not* been previous bleeding, but where a ligature or some other form of compression had been applied to an artery, in order to the cure of an aneurism situated in some distant part. "Now," adds Mr. Porter, "in the first of these, all the cases of bleeding that occur at a very early period should be termed 'primary.' If a ligature has been loosely and imperfectly applied, and slips from its hold on the vessel—if a patient has been put to bed after an operation without all the wounded arteries being secured—if compression has been resorted to, and the bandage or other contrivance has yielded—or if the cautery has been applied sparingly and insufficiently, there is as little reason for considering the hæmorrhage as secondary, as there is for compassionating the surgeon, to whose *insouciance* the accident is attributable." It is not the least important feature of hæmorrhage, whether primary or secondary, that it evinces great capriciousness in its cessation. Ruspini's styptic, and probably other more orthodox drugs, owe no trifling part of their reputation to this. The bleeding stops, perhaps all at once, and the nostrum gets the credit of it. The second form of consecutive hæmorrhage may be again subdivided into two classes essentially differing from each other in their origin, progress, and terminations, one occurring at a period near to, but somewhat earlier than, the time the ligature ought naturally and healthily to come away—the other, at a much later period, when the cord has been long separated, and, perhaps, a reasonable degree of confidence might have been entertained that the patient had surmounted every danger. The first of these is by far the most frequent of occurrence, and is sometimes, but not always, preceded by febrile symptoms and other indications of the coming event. The artery has usually been completely divided by the cord which may have come away. Mr. Porter has seen the blood flowing from the inferior segment, whilst the ligature was still firm and fixed upon the upper. It is always the inferior portion that bleeds. Though few patients die of the actual hæmorrhage, yet, either the extensive and successive bleedings, or the means it may be necessary to have recourse to in order to control them, or the wretched state of constitution that predisposed to the disease, and is daily aggravated by its continuance, each or all of these may lay the foundation for future ills. There have been several such *fortunate* cases in the Meath Hospital. Mr. Porter explains the occurrence of secondary hæmorrhage by the existence of unhealthy, in lieu of the proper healthy inflammation of the artery. As a consequence lymph has not been thrown out. Mr. Porter then speaks of the denudation of the vessel in the operation, as a reputed cause of hæmorrhage. "It has been already observed," says he, "that some of the most clumsily performed operations have had the best success, and *vice versa*—a circumstance that could not happen if the denudation of the vessel was of such extraordinary consequence. * * * In these pathological observations, let me not be misunderstood as advocating careless or clumsy operations; for, if operating myself, I should not wish to expose more of the vessel than would barely permit of the passage of the ligature around it; but I cannot, at the same time, shut my eyes to the truth, and admit as the solution of a phenomenon a fact so obviously insufficient."—186. Mr. Porter observes, that however hopeless the case may appear, when considered pathologically, it is certain that some patients have recovered, and, therefore, it is our duty to use our best exertions: and he thinks the case ought to be treated in the same manner, and on the same principles, as ordinary hæmorrhage, namely, the vessel must be subjected to the degree of pressure which would in such cases cause its obliteration. Here the ligature is inadmissible, because, in the confusion of parts, it would be difficult, if not impossible, to find the artery, but more particularly, because that line of practice had already been tried and failed. There appears then to be no resource but the application of medical pressure by some other method, and if this does not accomplish the desired purpose, and the limb cannot be removed, the patient's chance of life is but small indeed. Mr. Porter discusses the propriety of applying a fresh ligature on the artery nearer the heart. He inquires "if the superior segment is closed and blocked up with lymph, or if, as I have before noticed, the ligature still remains upon it, whilst the lower had separated and was bleeding, of what possible utility could the tying of the artery higher up prove? It could only remove the impulse of the heart from the superior section, from which no danger is to be apprehended, but could have no influence on the lower, already deprived of that impulse, and supplied only by the collateral branches." Mr. Porter thinks the operation positively injurious in two ways; one by a fresh secondary hæmorrhage from the newly-tied artery, and the other, by inducing gangrene. The treatment of the case which Mr. Porter recommends is this:—on the appearance of the blood the wound should be opened up, the granulations broken, and the mouth of the bleeding vessel fairly exposed; on it a small piece of prepared sponge should be placed deep in the bottom of the wound, care being taken that the pressure should be confined to this one spot—on this a small compress of lint, and another, and another, successively, until the graduated compress shall have attained a lever higher than the adjacent surface of the limb. This must be firmly retained without being permitted to slip, and without allowing the escape of a single drop of blood; and, if this can be accomplished for three or four days, there is every reasonable probability of success. But here is the great difficulty. It is scarcely possible to apply a bandage, so as to answer the purpose, without interfering with the venous circulation and occasioning great pain; and as all bandages stretch and slip, and become relaxed, no certain reliance can be placed on them in cases where the patient's feelings encourage him to disturb them. Now let us suppose this pressure applied and maintained in the best possible manner—suppose a number of assistants relieving each other in keeping up a continued manual pressure, and regulating both the quantity and direction of it to the extent that might be necessary, and no more, still is the case unpromising: for the artery is seldom in a condition to effect those changes necessary to the permanent suppression of the bleeding, and although some few recover, yet is the chance against any given case exceeding great. For the management of one of these cases Sir P. Crampton contrived a kind of tourniquet, which has hitherto proved useful, and, probably, will be successful where success is possible. It consists of a plate on which the back of the thigh rests, to which is attached an iron hoop-ring; in the front of this ring a screw is placed, which, acting on a plate underneath, makes direct pressure on the graduated compress, whilst the hoop protects every other part of the circumference of the limb. By means of this instrument two cases were treated in the Meath Hospital with the most remarkable success, and some others, Mr. Porter believes, in Dr. Setevens's; it may be removed if the bleeding continues subdued for a few days; but the sponge at the bottom of the wound should be left to be detached by suppuration. But in all the cases of recovery, abscesses formed in the superior and external parts of the thigh, pending the pressure or immediately after its removal; in one of them the wound became sloughy, and fears were entertained that it would be necessary to discontinue the pressure. The first on whom it was tried seemed to recover well, but, in a short time afterwards, was attacked with abscesses, disease of the knee-joint, periostisis, and finally the limb was amputated for spreading gangrene. Mr. Porter has seen two other cases treated by compression end fatally. Sometimes the patient complains of intolerable pain from the pressure, the limb becomes œdematous, and gangrene supervenes—sometimes the part of the thigh immediately around the wound is seized with erysipelas, which spreads in every direction, notwithstanding the removal of the pressure—sometimes the edges of the wound becomes livid, dark purple, or black, and gangrene commences there. In all and every of these cases, the constitution is deeply and dangerously engaged. No case of secondary hæmorrhage can occur without great anxiety and excitement of mind, accompanied by the debility which is the natural consequence of repeated losses of blood. This combination produces an irritative fever of the worst kind, exhibiting symptoms of nearly typhoid depression: a system thus deranged is very unlikely to make any successful rally. Such is the picture drawn of compression by its advocate. We must be excused if we adhere to the opinion we expressed, and believe that a second ligature may sometimes be judiciously employed. For many of the evils described by Mr. Porter are attributable to compression itself.

VARICOSE ANEURISM.

With respect to the treatment of the affection, Mr. Porter is disposed to do little in the way of operative interference. "If," says he, "we shall be satisfied with preventing an increase of the tumor, very moderate compression will be sufficient; but this treatment is purely palliative, and immediately on the compression being discontinued, the varix will commence to grow again. If our aim is *permanently* to check the disease, the abnormal current of blood must be stopped, and this can only be effected by the obliteration, either of the artery or of the vein, or of both, by inflammation. Now, in seeking either of these objects, a good deal of discrimination is necessary; and I believe it will be important to modify our views according to circumstances. In the simple aneurismal varix I have already said that the mildest treatment will be the best, and I should be satisfied with such a degree of compression as would merely control the disease; but in this, as in every other form of aneurismal affection, there are circumstances that may forbid the employment of pressure at all. The varix may be so situated that compression could not be applied—in the neck, for instance, or in the axilla; or, being applied, it may occasion a degree of torture that cannot be endured; or it may produce œdema or numbness of the limb—in short, the same objections may be raised to it that have been applied to compression generally. Dupuytren is very decided in his reprobation of pressure; he says it is very difficult to employ, very inconvenient in general, and, according to the seat of the affection, occasions dangerous swelling and intolerable pains: moreover, it is inefficacious in obliterating an old aperture, rounded off, and organized like the lining membrane of arteries and veins, circumstances in which the ligature itself almost always fails.—Doubtless these observations are perfectly true—there are cases in which compression cannot be tried, and others in which it cannot be borne, but they are very few, and in considering this point, and in testing it practically hereafter, let us attach a definite meaning to the term. Dupuytren, and the other opposers of compression, speak of it as a *curative* means—I, only as a *palliative*: they seek to stop the abnormal current of blood—I, only to moderate its force, and it is probable both parties are right. I know that, in some fortunate cases, compression has cured the disease; but, nevertheless, I should not be disposed to place much confidence in it, and would never resort to it whilst I possessed the alternative of performing an operation less tedious and less painful." 211.

An Historical, Scientific, and Practical Essay on Milk as an article of Human Sustenance, with a consideration of the effects consequent upon the present unnatural methods of producing it for the supply of large cities. By ROBERT M. HARTLEY. New York: Jonathan Leavitt, 14 John street. 8vo. pp. 358.

This is a valuable treatise on a very important article of food, which is confessedly seldom or never obtained by the inhabitants of large cities of a pure and wholesome description. Mr. Hartley has devoted much attention to this subject, and the work before us furnishes ample evidence of his industry in collecting the data from which he has drawn many startling conclusions. The natural history of the cow, and the constituents and properties of the milk of different animals, are given with great accuracy; and the author then proceeds to explain, at great length and minuteness, the various circumstances under which this invaluable article of human sustenance becomes deteriorated, or positively poisonous. The disastrous influence of impure milk in increasing the amount of infant mortality in large cities—the various injudicious modes of managing dairies, and their pernicious effect on the cattle—foreign investigations on the subject—management of dairies in England, Scotland, Holland, &c.—frauds and impositions of dairy men, and an infinity of other topics, connected with the subject, are discussed in a very able and practical manner. As a specimen of the work, we give an extract on a subject to which we had ourselves intended directing the attention of our readers, and to which the attention of the profession in this city has recently been turned from the occurrence of a number of distressing cases, several of which threatened to terminate fatally, and which were produced by the patients having ate of the flesh of kine affected with the disease to which our author alludes. Mr. Hartley, after speaking of the effect of disease on the milk of the cow, proceeds:—

> The milk sickness, or trembles, as it is sometimes denominated, that has extensively prevailed among cattle in several of the southwestern States, would of itself furnish a volume of illustrations. We subjoin a few extracts from the communications which have appeared on the subject. Says a correspondent of an Indiana paper: "At Logansport, on the banks of the Wabash, I was cautioned against using either milk, butter, or beef, on my way to Vincennes. As a reason for the caution, I was informed that the milk sickness was common in this State. I had heard of it before, but knew little of it. I was informed that many deaths occurred annually from this dreadful malady.—There is a difference of opinion as to the cause that produces it; but the general conclusion is that it is occasioned by the yellow oxyd or arsenic in the low ground or woodland, and particularly near the Wabash river, and that some weed (yet unknown) imbibes the poison, and when eaten by the cattle causes them to quiver, and stagger, and die, within a few hours. If cows eat it, the milk is poisoned, or butter that is made from the milk; and it is also as sure death to those who use the milk or butter, as it is to the animal that eats the weed. Great care is taken to bury such cattle as die with it; for if dogs, &c., eat their flesh, they share the same fate, and it operates as violently upon them, as upon the creature that was first affected with it." Dr. McCall, of Tennessee, says, "if the calf suck this milk it trembles and dies. Horses, as well as cattle, die by the poison, and dogs, cats, buzzards, turkeys, chickens, and crows, die by eating the flesh of animals that have perished under this disease." He also relates many cases of sickness in the human subject, which proved fatal under his own treatment. Dr. Graff, of Edgar county, Illinois, on this subject says: "The cattle may be affected to such a degree as that their flesh and milk will produce the disease in man, and yet they themselves manifest no unhealthy symptoms whatever." Again he remarks: "Hundreds of persons throughout the west and southwest are annually perishing from its attacks. Butter and cheese, manufactured from the milk drawn from infected cows, are supposed to be the most concentrated forms of this poison. They possess no distinguishing appearance, odor, or taste, from the healthy article. A very minute quantity of either will suffice to develope the disease in man. The cream, ordinarily sufficient to be added to the coffee drank at a single meal, is said to have induced an attack. The butter or cheese eaten at one repast, has frequently been known to prove effective. The property is not contained in any of the elements of the milk exclusively, but distributed throughout the whole of them, being possessed by the buttermilk as well as the whey."
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> Dr. Graff also records the testimony of Dr. John W. Davis, of Indiana, who says: "My own experience enables me to state, that I have seen a peculiar affection, which I feel assured could have been no other than the milk sickness, in a city remote from its local causes, attacking every individual who partook of a certain cheese which had been purchased from a wagon arriving from an infected district." The instance just cited, occurred in Chillicothe, Ohio, "in which place," says Dr. Graff, "I met with a medical friend who had charge of a number of the cases. He expressed to me his belief that the disease was milk sickness, from what he had learned in relation to it, in addition to the fact that it was exclusively confined to a single house, sparing those inmates who did not eat of the cheese in question." We are also informed by this writer that "a murderous practice is now carried on in certain districts, in which the inhabitants will not themselves consume the butter and cheese manufactured; but, with little solicitude for the lives or health of others, they send it in large quantities to be sold in the cities of the west, particularly Louisville, Ky., and St. Louis, Missouri. Of the truth of this I am well apprised by actual observation; and I am certain it has often caused death in those cities, when the medical attendants viewed it as some anomalous form of disease, not suspecting the means by which the poison had been conveyed among them." How like this is the practice of numerous venders in New York, who will not risk in their own families the use of drugged, diluted, and diseased milk, but, utterly reckless of human health and life, furnish it for the consumption of others!
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> If other facts are necessary to sustain our position, they abound in medical writings. Christison, in his work on poisons, states that "it has several times been remarked on the continent, that the milk of the cow may act like a violent poison, although no mineral or other deleterious impregnation could be detected in it; and these effects have been variously and vaguely ascribed to the animal having been diseased, or to its having fed on acrid vegetables, which pass into the milk. At Aurillac, a village in France, fifteen or sixteen customers of a particular dealer in goat's milk, were at one and the same time attacked with all the symptoms of a violent cholera; and about twenty-four hours afterwards, the goat too was taken ill of the same affection, and died in three days. Another instance lately occurred in Westphalia. Six people of a family, after partaking of goat's buttermilk, were simultaneously attacked with violent vomiting, and tension of the epigastrium, and several of them suffered so severely as even to have been thought by their physician to be in danger." He also quotes a French writer, who states that the shepherds in the neighborhood of Embrin, in France, were obliged to abandon certain fields, because the milk of their cows was rendered useless by the abundance of a certain plant among the herbage.
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> It has before been remarked that the bad quality of milk will sometimes operate deleteriously on those that partake of it, whilst the animal itself appears unaffected. This is the case in the human species, but in a far greater degree among the lower animals. The fact is well attested that calves have been poisoned by receiving the milk of a cow, whilst the effects on the cow were too slight to be observed. But it is unnecessary to spread out additional proofs and testimonies in support of a position which, if not self-evident, is demonstrated by facts and results that are otherwise wholly inexplicable on sound pathological principles. Every physician and every man of common sense will concur in the opinion that the milk of diseased animals cannot be used for food, without risk to health and life; and every humane mind will agree in the verdict, that those persons who continue to furnish it to be so used, with a knowledge of its morbific qualities and effects, should suffer a punishment proportioned to the enormity of their offence.

We regret that our space will not permit us to give a more extended notice of this useful work, but we hold every physician inexcusable who does not consult it for himself, and so become possessed of the information which it contains relative to a subject which has not heretofore received that attention which it demands at the hands of the guardians of the public health.

Gould's Universal Index and Every Body's own Book, with Directions for saving Time, Acquiring Knowledge, and having it at command through life, by means of an appropriate Alphabetical and Numerical Key. By MARCUS T. C. GOULD, Stenographer. New York: George F. Coolidge, 374 Pearl street. Third Ed.

Albeit some may think we are travelling out of the record in the present notice, yet we are surely quite justifiable in introducing our readers to a mode by which they may attain the desirable objects set forth in the ample title page of the ingenious work before us. Mr. Gould's "Blank-Book" arranged in his curious system, is admirably adapted for a case-book to every item in which reference may at any time be made in a few moments.

Mr. Gould says

> "This work was first published in the city of Washington, September, 1841, where it received countenance and favor from most of the distinguished men of the nation, in the various departments of our national government. The first edition being soon exhausted, a second appeared, which has been approved and recommended by prominent individuals in various parts of the United States, particularly in Baltimore, Philadelphia and New York. Among the patrons of the work, are found the venerable John Quincy Adams, President Tyler, the heads of Departments under him, Clerks of the Senate and House of Representatives of the United States, distinguished members of Congress, Professors in Colleges, Editors of papers, etc., etc., in the several cities above mentioned.
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> Having within a few months passed to a third edition, the UNIVERSAL INDEX is now *stereotyped*, and presented in a handsomely bound volume of 328 pages, *quarto*, (or letter-paper size,) viz: 300 blank pages of fine faint lined paper, added to the foregoing pamphlet. These 300 pages, besides being *faint lined*, are ruled with a double head line, and a margin line; and have also a printed folio and running head, showing the chapters, sections, etc., according to the *Key* or *Index*, on page 3 of this publication,—and yet the whole volume, handsomely and firmly bound, is sold at $2,25 a copy."

A Report of the Facts and Circumstances relating to a Case of Compound Fracture, and Prosecution for Mal-Practice, in which William Smith was Plaintiff, and Drs. Goodyear and Hyde were Defendants, at Cortland Village, Cortland Co., N. Y. Comprising Statements of the Case by several medical gentlemen, together with Notes and Comments on the Testimony. By A. B. Shipman, M. D.

A pamphlet with the above elaborate table of contents on its titlepage, has been lying on our table for several weeks, but we have not had leisure to examine it till just now. The story is soon told. Mr. Smith, a drunken hodman, fell from a scaffold and broke his leg. Dr. Shipman set it secundum artem. Smith was then taken to the Alms House. Eight days afterwards the whole medical staff of the village were summoned to amputate the limb. The patient at this time was in the following condition: His leg lay over the double inclined plane; the bone protruding through the wound nearly two inches; it was dry and dark, and had lost its vitality—the foot was turned off and the leg distorted, with retraction of the muscles and shortening of the limb—the leg was swollen and inflamed nearly to the knee; the wound gaped, but there was no loss of substance; upper part of the wound had healed, and healthy granulations covered a portion of the bone—some pus of good quality issued from beneath the bone. The patient suffered much pain, yet was free from fever; appetite, strength, and pulse good, tongue clean and bowels regular. Drs. Goodyear and Hyde urged the necessity of immediate amputation. The reasons they assigned were, the age, habits, constitution of the patient, state of the weather, and apprehensions of fever. The other disciples of Galen who were present were of a different opinion. Dr. Goodyear waxed wrathful and forgot the third commandment. Dr. Shipman followed the example of his senior, and said, "A man would be a —— fool who would propose amputation in such a case." Finally, Drs. Goodyear and Hyde were dismissed, and the important hero of all this wordy war fell into the hands of Dr. Shipman, who thus describes his treatment and its results:—

> "With the assistance of Dr. Carpenter, I proceeded to remove the end of the bone. A retractor was placed under it, and the lower end held by a pair of strong forceps, and the leg supported by an assistant—about an inch of the end was removed with the amputating saw, including that which had lost its vitality. After the removal of the bone, the limb was placed in an easy position and left. July 24th, met Drs. Patterson and Carpenter—applied the proper dressings—cleaned the wound from pus and maggots—brought the edges as near together as possible with adhesive plaster—removed the double inclined plane—applied splints—dressed the heel—placed the limb upon a pillow in the straight position—ordered him quinine, stimulants and anodynes. From this time Drs. Patterson, Carpenter, or myself, saw him daily and dressed the wound, keeping it clean and the bone in place. The wound kept on healing and contracting steadily and progressively, without any bad symptoms ensuing, until union took place, first in the fibula, which served to keep the leg steady without trouble; the tibia next united, and the patient left his bed and went upon crutches. He remained in the Alms House during the winter, but left in the spring and engaged in labor. His leg has become strong, and he walks without difficulty and without much lameness."

But the healing of the wound did not produce a healing of the breach in the village *corps medicale;* and the union of the fractured bones was not followed by the cessation of hostilities between the belligerent surgeons. Bill Smith, as soon as he threw away his crutches, brought an action against Goodyear and Hyde for mal-practice. After a tremendous amount of learning had been poured out on occasion of the trial, which must have greatly tickled the "ears of the groundlings," the suit was withdrawn by the plaintiff's counsel. Dr. Shipman appears to have treated the case very properly, and is, from all we can learn, a very judicious surgeon and deserving man. Of some of the curious opinions expressed by medical witnesses on the trial, and the ungenerous opposition which Dr. Shipman has encountered, deponent for the present saith not.

Hints to Mothers for the Management of Health during the Period of Pregnancy and in the Lying-in-Room. By Thomas Bull, M. D. From the Third London Edition, with additions by an American Physician. New York: Wiley & Putnam. 12mo. pp. 268.

This unpretending volume is admirably adapted to serve as an instructer and guide of married females, especially the young. It is written in a plain practical style, and will be found sufficiently intelligible to the least informed on the important subjects which it discusses. The author has been for several years connected with the "Finsbury Midwifery Institution," and the work itself affords evidence that he has acquired enlarged experience in this important branch of medical science. The book is beautifully got up, and we cordially introduce it to the notice of physicians as highly worthy of commendation to the interesting class of their patients for the promotion of whose welfare it is intended. As a specimen of the volume we give the following random extract:—

> SECT. VI.—OPIATES.
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> This class of medicine is often kept in the nursery, in the forms of laudanum, syrup of white poppies, Dalby's carminative, and Godfrey's cordial. The object with which they are generally given, is to allay pain by producing sleep; they are, therefore, *remedies of great convenience to the nurse;* but I am sorry to add that, so exhibited, they are *but too often fatal to the little patient.* In the hands of the physician, there is no medicine the administration of which requires greater caution and judgment than opiates, both from the susceptibility of infants to their narcotic influence, and their varying capability of bearing it; the danger, therefore, with which their use is fraught in the hands of a nurse, should for ever exclude them from the list of domestic nursery medicines. Dalby's, carminative and Godfrey's cordial are, perhaps, more frequently used than any other forms, and some striking cases, illustrative of the fatal results of exhibiting them indiscriminately, and without medical sanction, are on record.. The late Dr. Clarke, in his Commentaries, mentions a case which he saw, where *"forty drops of Dalby's carminative destroyed an infant."* Dr. Merriman gives the following in a note in Underwood on the diseases of children:—"A woman, living near Fitzroy square, thinking her child not quite well, gave it a dose of Godfrey's cordial, which she purchased at a chemist's in the neighborhood; in a very short time after taking it, the child fell into convulsions, and soon died. In less than a month, the child of another woman in the same house was found to be ill with disordered bowels. The first woman, not at all suspecting that the Godfrey's cordial had produced the convulsions in her infant, persuaded her friend to give the same medicine to her child. A dose from the same bottle was given; and this child was likewise attacked almost immediately with convulsions, and also died." Convulsions and epilepsy, without such fatal results as the foregoing, are not uncommon as the effect of a single dose of an opiate given unadvisedly; and by their continued and habitual use, (and the form of syrup of poppies is but too often administered by an indiscreet and lazy nurse, unknown to the parent,) a low, irritative, febrile state is produced, gradually followed by loss of flesh; the countenance becoming pallid, sallow, and sunken; the eyes red and swollen; and the expression stupid and heavy, and the powers of the constitution at last becoming completely undermined. Such an object is to be seen daily among the poorer classes; the miniature of a sickly aged person.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, January 29, 1842.

Professional Pedlars.

The greatest curse to any profession, is that unworthy member of it whom we choose to designate the 'Professional Pedlar.' Who is he? We'll tell you. The 'Professional Pedlar' is a man whose grand ruling maxim is thus expressed:—

> 'What is the worth of any thing
> But just so much as it will bring?'

He is one who respects truth, honor, integrity, science, his profession, the interests of his race, the promotion of the glory of his God—just as far as he thinks, after due, cool, mathematical calculation, he may be enabled to subserve the interests of—his POCKET. We find hosts of these 'Pedlars' in the church, from the peripatetics who

> 'strain celestial themes
> Through the press'd nostril, spectacle bestrid,'—

to the mitred and

> 'Grandest caterer and dry-nurse'

of the body ecclesiastic. We have them at the Bar, from the most ragged noviciate in the pleasant subterfuges of law to the most wrinkled and successful occupant of the bench. Alas! how many of this

> 'Boneless, bloodless, sapless, souless throng,'

does Medicine number in her train! It is to them we now refer, and *Cui bono?*

Who ever knew one of these gentry ask himself, how can I, irrespective of self, advance the interests of a profession stamped as an eminently noble and useful one, by nature—by custom—and by God? No one. But the question is, how can I get another patient—another 'fat case'—another dollar, eagle, guinea? And what do we find the 'Pedlars' contending about? The honor of a new discovery in science? the credit of being the first to settle an important question? the undying fame of bestowing some new boon on suffering humanity? No. But it is 'you interfere with my practice'—'you are my rival'—'you are in the way of—my making more money'—'such and such a course of conduct may be very well *in the abstract*, but to follow it would interfere with my practice—it is not profitable.'

Should these things be? When will petty jealousies and rivalries disappear—when will all members of the medical profession put away these grovelling feelings—when will they, instead of merely hunting after dollars, awake to nobler aspirations and higher aims, and go forth with pure hearts and clean hands, ministers of the Infinite Benevolence, to mitigate the pains of frail, erring, dying Humanity?

Professor Paine and Dr. Carpenter.

We are happy to be able to inform our readers, that there is every probability that this exciting yet exhaustless, pleasant though protracted controversy will terminate at—the close of the Florida war. Dr. PAINE is certainly the most indomitable 'brave' who has ever figured on the inky fields of polemical literature.

> 'And thrice he routed all his foes,
> And thrice he slew the slain!'

Dr. CARPENTER feels sore. He cannot conceal it. The valiant Professor has just come out with another elaborate critique on his antagonist's late circular to Professor DUNGLISON, and grimly smiling, with 'index hand' points out how the poor doctor

> 'tingling stands,
> And holds his breeches close with both his hands.'

Dr. CARPENTER offers the following natural and satisfactory explanation of certain curious coincidences which the Professor pointed out:—

"The ideas which I have expressed," he says, "have been so long familiar to my mind, that I cannot imagine that they involve any thing peculiarly Channing-ian. If any correspondence do exist, it is easily accounted for by the fact, that I received my education from one who was for many years the respected and attached friend of that illustrious man, and whose mind, cast in the same mould with his, impressed mine with those habits of thought, which had led to whatever similarity may present itself between our published opinions!!"

Hear with what chivalrous dignity the heroic 'old man eloquent' announces his present lofty mood and future lonely navigation:—

"I have always been sensible that I had but little to hope, at present, from the medical press of Europe; nor have I been mistaken in the evidence I had formed of a portion of the press in that part of the world. I have never apprehended, however, that full justice would not ultimately come, when this 'age of pamphlets' shall have passed, and therefore I have looked with comparative indifference upon the treatment which I have received, though with a stern determination to protect myself against every act of injustice from sources entitled to consideration. That tears of editorial sympathy will now deluge the European hemisphere, cannot be doubted; but, whether the flood will be increased from this side of the Atlantic, time can only disclose. In the meanwhile, I shall prepare myself for the coming of the waters, and be ready with my Ark for a 'nine days' storm."

Dr. R. S. Kissam's New and Improved Apparatus for the Treatment of Lateral Curvatures of the Spine.

Dr. KISSAM has kindly yielded to our request, and permitted us to obtain a drawing and engraving of his improved apparatus for the treatment of lateral curvatures of the spine, to which we referred in a former number of the *Lancet*. Our readers will at once perceive that this apparatus is exceedingly simple in its details, and is constructed on perfectly philosophic principles.

The apparatus effects,

1st. *Extension* of the spine;

2d. *Contra flexion* of its curves;

3d. *Pressure* upon the abnormal angularity of the ribs, and projecting scapula.

The means usually resorted to are either,

1st. Rest, in the horizontal position;

2d. Pressure without extension, or

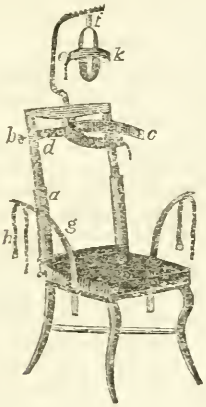
3d. Dr. Guèrin's sigmoid flexion, in the horizontal position;

4th. Some depend upon exercise alone, others upon exercise and frictions.

This chair, in our opinion, unites all the excellencies of the improved means, and more effectually than any other, and combines *extension* and *contra flexion*, with the important improvement of an *easy*, upright position, allowing the patient to read, sew, &c., &c.

With this chair there is a bed, which, by the gravity of the body alone during the whole night, keeps the spine *contra flexed;* this also is entirely comfortable.

It is, perhaps, unnecessary to add, that these means are only resorted to for the purpose of bringing the spine and ribs to their natural position, and that the cure is effected by producing a just and healthy balance in all the muscles which support the spinal column, by proper exercise: no other plan is physiological, and none other affects more than a *temporary* improvement. When the muscles are kept at rest by constant pressure, they cannot recover their healthy tone; *exercise only* can increase their strength; and *modified* exercise only can effect a permanent cure.



EXPLANATION OF THE CUT.

a. a. At the back of the chair are tubes containing spiral springs, the power of which are increased at pleasure by screws at the bottoms of the tubes.

d. Continuation of the back of the chair fitting into *a. a.*

c. Arms for embracing the ribs, to support the body—resting on, and attached to *d.* When *c.* is adjusted by means of a strap, and the patient sits down, the weight of the body is thrown upon the springs contained in *a.*, and the spine is constantly extended by their action.

b. Braces on which the arms are fastened, are so contrived, revolving on *d.*, as to exert any desirable amount of pressure on the angular ribs of the convex side of the patient.

The junction of *d. d.* with the crosspiece at the top, are so made, as to allow of motion; either side may be elevated or depressed, to assist in contra flexure.

g. g. Two springs fitted in the seat, adjustable to a given height.

h. h. Straps to encircle the body, and attached to *g. g.*, the upright springs.

The springs *g. g.* produce contra flexure, by acting on the convex sides of the curves of the spine.

e. A crane to which is attached *k.*, the head piece, which is placed under the chin and buckled around the head; thus any force applied in extension acts equally on the occiput and chin.

f. A tube containing a spiral spring, which constantly extends the spine from the shoulders.

When seated in this chair, the patient is at perfect ease; the spine is extended, and is bent in a contrary direction to the diseased condition. No organ is in the least disturbed in its action, and the circulation especially is not obstructed. The patient is at liberty to converse, read, sew, or amuse herself in any way not incompatible with a sitting posture.

Remarks on the Classification of Cutaneous Diseases.

DELIVERED AT THE SURGICAL CLINIQUE OF THE CROSBY-STREET MEDICAL SCHOOL, NEW YORK, MONDAY, JANUARY 24TH, 1842,

BY H. D. BULKELY, M. D.

GENTLEMEN:—I intend on the present occasion to explain very briefly the characteristic marks of the several orders of cutaneous diseases, chiefly with the view of presenting to your notice a series of illustrative drawings. Diseases of the skin have been classified according to various principles. One mode of classification has divided them into two grand divisions—one including those forms which affect the head; the other, those which affect the other parts of the body: the subdivisions being derived from certain accidental qualities of the diseases, such as the appearance of the scars and scales. Another mode of classification has divided them into acute and chronic. Another has divided them according to their causes. And they have been again arranged according to their particular anatomical seat. All these modes of classification are, however, objectionable on various grounds, which it is inexpedient for me at present to point out. WILLAN was the first who presented us with a classification of these diseases founded on their elementary forms. His mode of classification is by far the most simple, most easily understood, most philosophical, and to a certain extent the most natural, although it is, as every system of classification of cutaneous diseases must necessarily be, artificial in some degree. The classification which I have adopted is that of a French writer, BIETT, who has not written a great deal, but is a very scientific man, and is not yet as extensively known to the profession, as his merits deserve. His classification is a modification of WILLAN's, as you will perceive from the following table:—

BIETT'S CLASSIFICATION OF DISEASES OF THE SKIN.

I.
EXANTHEMATÆ.
1. Erythema.
2. Erysipelas.
3. Roseola.
4. Rubeola.
5. Scarlatina.
6. Urticaria.

II.
VESICULÆ.
1. Miliaria.
2. Varicella.
3. Eczema.
4. Herpes.
5. Scabies.

III.
BULLÆ.
1. Pemphigus.
2. Rupia.

IV.
PUSTULÆ.
1. Variola.
2. Vaccinia.
3. Ecthyma.
4. Impetigo.
5. Acne.

V.
PAPULÆ.
1. Lichen.
2. Prurigo.

VI.
SQUAMÆ.
1. Lepra.
2. Psoriasis.
3. Pityriasis.
4. Ichthyosis.

VII.
TUBERCULÆ.
1. Elephantiasis Græcorum.
2. Molluscum.
3. Frambœsia.

VIII.
MACULÆ.
A. Alterations in color.
1. Bronze color.
2. Ephelis.
3. Nævi.
B. Discolorations.
4. Albinismus.
5. Vitiligo.

IX.
LUPUS.

X.
PELLAGRA.

XI.
SYPHILITICÆ.

XII.
PURPURA.

XIII.
ELEPHANTIASIS ARABUM.

XIV.
CHELOIDES.

(Dr. B. here handed round the class a series of well-executed plates, illustrative of the several orders of cutaneous diseases.)

First, then, we have the Exanthematæ. The diseases of this class are characterized by redness of the skin, disappearing on pressure of the finger, and recurring when the pressure is removed, and in which the highest point of development is the local accumulation of blood. Next we have the Vesiculæ, characterized by deposition of a quantity of serum, either with or without coagulable lymph in the epidermis. This serum is usually transparent, but it may become opaque, or even sero-purulent. The serum may either be absorbed, or the vesicles may burst and the fluid be poured out, followed by slight desquamation, and occasionally redness with excoriation. Next we have the Bullæ, of which a blister is the best type; characterized by small transparent collections of water; varying in size from that of a walnut to that of a hen's egg; sometimes followed by thin scales, and in one form by a dark adherent scab. Then we have the Pustulæ, characterized by collections of purulent matter, either in the epidermis, or in the follicles of the skin; usually surrounded by inflammation, generally giving rise to dark colored scabs, followed by indolent induration, the resolution of which is effected with great difficulty, red spots, or sometimes by superficial excoriation.—The next order is the Papulæ, characterized by hard resisting elevations, containing no fluid, neither serum nor purulent matter, attended with a great degree of pruritus, terminating by resolution, furfuraceous desquamation, sometimes by ulceration. The next order is the Squamæ, characterized by alterations of the epidermis, red elevations, spots, or blotches, from which laminæ of cuticle, altered in different degrees, are formed, thrown off, and renewed for an indefinite length of time; sometimes limited, sometimes more diffused. Then we have the Tuberculæ, characterized by small, hard, circumscribed, and enduring tumors or 'tubercles,' larger than papulæ, terminating in permanent induration, suppuration, but most frequently in ulceration. Then there is the Maculæ, merely discolorations of the skin, unattended by any elevation, or desquamation, and unaccompanied by any constitutional symptom whatever.

You observe that there are six diseases which Biett has not included in any of these orders. But lupus is unquestionably tubercular in its elementary form, and may therefore be referred to its appropriate class. Pellagra, which is endemic in some parts of Italy, is not, strictly speaking, a cutaneous disease, but as it is of the erythematous character, it might be classed with the exanthematæ. The cutaneous forms of syphilitic disease assume every form, and may without difficulty be ranged under their appropriate orders. Elephantiasis arabum is not a disease of the skin, but of the cellular substance; and cheloides is decidedly a tubercular disease.

In the diagnosis of cutaneous diseases, we are assisted by the sight, touch, and smell. By sight, we distinguish many of the peculiarities of the elementary forms, the nature of the surrounding inflammation, and the appearance of the scab or scar. By touch, we recognize the degree of solidity, resistance, and induration. By smell, we are warned of the approach of gangrene, and there is one peculiar form in which the smell is very peculiar and characteristic. In forming our diagnosis, we first ascertain the elementary character of the disease, and in the great majority of cases this can be ascertained either in the spot itself, or its immediate neighborhood. But sometimes the disease is first presented to your notice in the secondary form; then you must study the appearance of the scars and scabs. Often the history of the case will greatly aid you in the formation of a correct diagnosis. After ascertaining the order, the particular species will be ascertained by other indications, such as peculiarities of appearance, situation and progress. A patient, for example, presents himself with an eruption on his fingers, and, after examination, you ascertain that it is a vesicular disease; you turn to your classification table, and find that there are five species of vesicular cutaneous disease. We will suppose that in the instance before you, you have an eruption of small pointed visicles, transparent on their summits, filled with a viscid and serous fluid, attended with pruritus. You find that 'miliaria' is accompanied by constitutional symptoms, and more or less sweating, which are absent in the present case; therefore, this form of vesicular disease is excluded. 'Varicella' is also rejected. Then you find that in 'eczema' the vesicles are not prominent, and though not exactly grouped, are yet thrown together, which is not the case in the disease under examination. 'Herpes' you find, manifests itself in distinct clusters of vesicles with inflamed bases, and to that species the present class does not belong. You then come to 'scabies,' and the only question remaining is whether the eruption is scabies or eczema. The latter is characterized by small flattened vesicles; in the former the vesicles are accuminated, accompanied by pruritus, and most frequently occurring between the fingers; these characteristics you discover in the case before you, and form your diagnosis accordingly.

Gentlemen, I thank you for your attention, and as there are several interesting cases to be presented to your notice, I will bring these desultory remarks to a close by calling your attention for a very few moments longer, to several specimens of cutaneous disease in patients who have presented themselves at the *Clinique* to-day.

Dr. Bulkely then made a few additional remarks on several cases of lupus, eczema, lichen, &c., which are under treatment at the *Clinique*, pointing out their characteristics, and comparing them with the drawings, the exhibition of which appeared to give great satisfaction to the crowd of students in attendance at this valuable institution.

[We understand that Dr. B. has devoted great attention to the study of this important class of diseases, and we trust that a suggestion which has been thrown out, that he should deliver a series of lectures on the subject this winter, may meet with attention in the desired quarter.—Ed.]*

The American Journal of the Medical Sciences. Edited by Isaac Hays, M. D., &c. &c. Philadelphia. Lea & Blanchard.

We acknowledge the receipt from the publishers of the last number of this excellent journal. Among the many valuable papers which it contains, we notice a very interesting one from the pen of Dr. Chase, of Philadelphia, on the treatment by mechanical means, of incomplete anchylosis of the knee-joint. A description and drawing of Dr. C's apparatus is given, which is, we think, well adapted to effect the important objects of its construction.

Second Book of Natural History. Mammalogy. (Dr. Rushenberger's Series.) Turner & Fisher, 52 Chatham street, New York. pp. 151.

A few weeks since we had occasion to express our favorable opinion of the first of this excellent series of popular treatises on Natural History. The present volume contains a copious glossary and numerous plates, and is decidedly one of the best elementary works on the subject with which we have ever met.

Medical Appointment.

Henry Bronson, of Waterbury, Conn., has received the nomination for the vacant Professorship of Materia Medica and Therapeutics in the Medical Institution of Yale College, vacated by resignation of Dr. Tully.

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* Since the above was written we have learned that Dr. B. will deliver a series of lectures on this subject, at the Crosby-street School, during the "Summer Course" at that institution.—Ed.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School.

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, January 24th.

Hydatids of Uterus.—Prof. Gilman exhibited to the class a large mass of hydatids which had been expelled from the uterus, but as we entered the room towards the conclusion of the Professor's remarks, we are unable to give the history of the case. Dr. G., after referring to the various opinions formerly held respecting the nature of these morbid formations, expressed his concurrence in the belief that they were the result of degenerated ova, and of course positive proof of previous impregnation, in opposition to the creed of some of the older English writers, who supposed that such products might be formed in the unimpregnated uterus. In the present case the mass filled the bottom of a wash-hand basin, and consisted of numerous congeries of vesicles, varying in size from that of small currants to that of grapes, connected by a loose cellular looking substance.[*]

Incipient Hip-Joint Disease.—A male child with hip-joint disease in its earlier stage, was then introduced. Prof. Parker remarked that this disease was more common in boys, not that the predisposing causes were more powerful, but because male children from their more active habits, were more liable to the exciting causes. It was also worthy of notice that the right hip was most frequently affected. Rest, counter-irritation by the employment of issues, nutritious diet and alteratives were recommended.

Caries of the Vertebræ.—Two children, strumous diathesis, with carious affection of the vertebræ, were next introduced. In one, four of the dorsal vertebræ were affected; in the other, only one seemed involved, and the deformity was of course more angular in its character. Professor Parker remarked that the present cases were examples of the *maldie du Pott* in its incipient stages. Any portion of the spine may be affected, but most frequently the dorsal vertebræ are involved. One or more of the vertebræ may be diseased. The earliest symptoms of the disease are pain in the umbilical region, difficulty of digestion, nausea, occasionally vomiting, sense of pain and constriction about the chest, loss of voluntary motion of lower extremities, limbs often crossing each other spasmodically, tendency when seated to lean forward with limbs crossed. Such symptoms will present themselves when disease of the back will perhaps not be at all suspected. It is only in its earlier stages that remedial means avail in this disease. I cannot at present go into detail on the subject, but merely state that rest in the recumbent posture, counter-irritation, alterative medicines, and the appropriate regimen, should be the treatment enjoined. Various mechanical contrivances have been invented for the removal of the deformities produced by this disease, and employed with various success. A gentleman named Dorr has lately opened an establishment in this city for the treatment of spinal curvatures, and has met with much success in many cases submitted to his care. This gentleman is well educated on this subject, and having recently travelled extensively on the Continent of Europe, he has made himself master of all the modern modes of treating these cases.

A case of lenticular cataract, and one of fistula lachrymalis, were then operated on by Dr. Parker with his accustomed dexterity and success.

(Dr. Bulkely's remarks are reported in another column.)

City Hospital.

Case of Variola, complicated with Purpura Hæmorrhagica.

Thomas Godfrey, seaman, born in Connecticut, aged 27, admitted January 5, 1842, with the following symptoms:—Agonizing pain in the lumbar region, shooting towards the stomach and down the thighs, much aggravated by motion and somewhat relieved when warm in bed, skin hot but moist, pulse full and frequent, tongue moist, and covered with a thick dirty white coat. Bowels regular. No pain in his head or nausea.

History.—Patient says he is a temperate man, and has always enjoyed good health. He was on board a vessel the whole of last night exposed to wet and cold, and this morning commenced his work without changing his clothes. In the course of the forenoon, he began to complain of pain in his back and a feeling of chilliness. About noon this pain became so severe that he was obliged to go to bed, and towards evening finding no relief he was brought to the hospital in the condition above stated.

A mustard cataplasm was applied to his back, and he was ordered tinct. opii. gtt. xxx.

Jan. 6th. Pain in the back considerably relieved, skin however is hot and dry. Pulse full and frequent, eyes suffused, complains of some pain in his head, and soreness of his throat. Bowels freely moved without medicine, no pain or tenderness of his abdomen. Ordered sol. tart. ant., gr. 1-4, every two hours. About ℥x. of blood were taken from the lumbar region by cups, and warm poultices afterwards applied.

Jan. 7. Soreness of his throat increased. The surface of the face, neck and chest, present an uniform deep red blush, resembling in some measure the eruption in scarlatina. Other symptoms much the same as yesterday. Continue antimony.

P. M. The eruption noticed in the morning has extended over the whole surface of the body. He now complains of some cough which is attended with expectoration of bloody mucus.

Jan. 8th. This morning the skin is quite livid. On the lower part of the abdomen and in the flexures of the thigh, it is of a dark purple color. On the anterior surface of the arms, there was observed a distinct elevated papular eruption, and on passing the hand over the forehead a fine miliary eruption could be felt, though not in the slightest degree perceptible to the eye. The same was felt on passing the hand over the chest. On the upper part of the chest were a number of purpuric spots about the size of a pin's head. None were observed upon any other part of the body. Skin but little warmer than natural. Pulse increased in frequency. Cough more troublesome. Expectoration profuse, consisting entirely of a bloody frothy mucus, of an extremely sickening odor. Tongue moist, and loaded with a thick white pasty coat. Throat very sore. On examination, the tonsils and posterior fauces were covered with an elevated eruption, and on the tonsils particularly, were numerous bloody points very similar to the purpuric spots before mentioned. The teeth and lips are covered with sordes. The antimony was discontinued, and the patient was ordesed simply diluents.

P. M. The purpuric spots over the chest are more abundant and increased in size. A few are now visible on the arms and thighs, and below the knees they are appearing in great numbers. His bowels being rather loose, he was ordered pulv. dover, gr. x.

Jan. 9th. All the symptoms are aggravated. Surface of the body, legs and arms, presents an universal purplish red tint, deepest on the abdomen and chest. The face is paler than the rest of the body, has a swollen puffy appearance, and, as he says, 'feels stiff.' The papular elevations may be seen over the whole body, some, of the natural color of the skin, and others of different shades from red to purple. They do not form patches of any regular shape, and when opened with a needle, they give exit to a fluid, clear and transparent in some, and in others sanious. On the hands, chest and legs, are a few dark blue elevations, from one to three or four lines in diameter, of no regular shape, and evidently caused by effusion under the epidermis. Some of these have broken and discharged a dark bloody fluid. Under the conjunctiva of the left eye there is a considerable effusion of blood. Bloody mucus is continually flowing from his nose in small quantities, and very abundantly from his mouth. Lips are dry and covered with dark colored scabs. Tongue presents the same pasty appearance. His breath has an extremely offensive odor, and the air of the room is hardly tolerable. Complains of pain when pressure is made on the epigastrium. Has a constant desire for cold water. No vomiting. Is perfectly rational. No pain in his head. Very restless. When asked how he is, he always says he feels smart. Pulse 130, soft and feeble. Ordered wine and porter freely.

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[*] Mr. Watson in the Philosoph. Trans., Vol. XII., p. 771, gives a case where there was for a long time before, the expulsion of hydatids a quantity of blood discharged every night; pains at last came on and many hydatids were expelled. In this case the symptoms of pregnancy were evident from November to February. Dr. Burns states that when the ovum is blighted, the belly ceases to enlarge in the due proportion, and the breasts become flaccid.

P. M. Rapidly sinking. Hands and feet perfectly livid. Constant drowsiness, delirium. The skin has assumed a much darker hue, and a dark bloody fluid is constantly oozing from many of the purpuric spots. Stimulants were administered as freely as possible. About 10 o'clock, on attempting to cough, a large quantity of blood mixed with some mucus, gushed from his mouth and nose, and immediately afterwards he expired.

Autopsy, 13 hours after death.—Body not at all emaciated. The dark purplish appearance of the skin, so remarkable before death, has entirely disappeared, the surface of the body being quite pale. The purpuric spots noticed prior to death, still existed, the color of which was now almost black. On the extremities, the epidermis was raised with the greatest ease, and on the legs, slight friction with the thumb and finger was sufficient to separate it from the rete mucosum. The rete mucosum was quite moist, and covered with small bloody extravasations of various shapes and sizes. The cellular membrane below the true skin, appeared (where examined) to be perfectly free from any extravasation, none of the scars usually left by vaccination, were found on either arm.

Head.—On making the usual incision for the purpose of separating the integuments from the cranium, a sudden gush of dark colored blood took place; this was found to proceed from an extensive extravasation over the right temporal fascia. The brain and its membranes were healthy. There was a slight effusion in the ventricles.

Chest.—The muscles of the chest as far as examined, were quite firm and natural in their appearance. The velum pendulum palati, the posterior wall of the pharynx, the posterior third of the tongue, and the epiglottis, were all of a deep purple color, almost black. This appearance extended also, to all the internal surface of the larynx, and the upper portion of the trachea becoming lighter, towards the bronchi. The mucous membrane lining these parts was evidently thickened, and covered with a bloody secretion, which was easily removed by the scalpel. In the sub-pleural cellular tissue of both lungs, were numerous ecchymotic spots of a bright red color. The parenchyma of the lungs presented a mottled appearance, numerous lobules being quite black, firm when pressed, and granulated, as is occasionally seen in pulmonary apoplexy. These hardened black lobules existed most abundantly in the lower lobes and the left lung. The intervening tissue was of a brick red color, crepitated on pressure, and appeared quite healthy. The mucous membrane of the bronchi was of a reddish color. The large vessels of both lungs were filled with thick black liquid blood. The large vessels proceeding from the heart, when cut across, poured out more than a pint of blood, partly coagulated and of unusual blackness. Heart perfectly healthy. No flabbiness or softening, no effusion in the pericardium.

Abdomen.—The pyloric half of the stomach presented numerous spots of a vivid red and purple color, irregular in form with well defined margins, and varying in size, caused by sanguineous extravasations into the sub-mucous cellular tissue. The mucous membrane of the stomach was but little if at all softened. In the duodenum were found many irregular, diffused, red patches, and in the colon, numerous spots of a bright red color, all seated in the sub-mucous cellular tissue. The mesenteric glands were not at all enlarged, but presented a dark appearance, shining through the mesentery. When opened they were throughout of a deep purple tint. The liver was of a bright buff color and very vascular; no softening. Spleen healthy. The surface of both kidneys was quite vascular. In the cellular tissue, below the lining membrane of their calices and pelves, were extravasations of blood of a deep purple color. Beneath the mucous membrane of the bladder, were several purpuric spots very similar to those seen in the stomach.

FROM THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES.

New Operation, by Professor Mott. Communicated in a letter to the Editor.

Professor Mott requests me to mention to you, that he has lately performed a novel operation, for the removal of a large fibrous tumor from the nasal cavity of the left side, a description of which will be drawn up for publication in the April number of your journal. The operation consisted in making an incision through the soft parts, commencing a little on the mesial side of the internal angular process of the os frontis, and extending downwards to the upper lip, which was divided at about three lines from the angle of the mouth. Two flaps were then reflected, the internal including the cartilaginous parts of the nose, and the tissues covering the os nasi of the left side; the external laying bare the bone as far as the infra-orbital faromen. The anterior part of the tumor was now somewhat more distinctly seen, and the nasal cavity was further exposed by sawing, vertically, through the os nasi as far as the transverse suture, so as to avoid the descending plate of the ethmoid. The superior maxillary bone was now divided in a line from the upper part of this cut to a point opposite the second bicuspis tooth, and on a level with the floor of the nostrils. Another section was made from the termination of the last, extending horizontally inwards towards the vomer. The osseous part comprising the os nasi, a considerable portion of the superior maxillary bone, and the os spongiosum inferius were then detached. The connections of the tumor were partially separated, but the disease was so extensive that a part had to be removed through the anterior opening before the posterior attachments could be liberated. These having been detached, the larger portion of this extensive disease, which passed into the pharynx and plugged up completely the posterior nares, was removed by introducing through the mouth a large curved valsellum, and forceps, and seizing the mass as it descended into the pharynx.

Within the last week I have seen in the London Medical Gazette, a case related by Mr. Earle, in which he attempted to remove a malignant tumor from the nasal cavity by cutting away a portion of the nasal bone with Liston's forceps, after dividing the nose in the mesial line, but his patient died, and neither in result, nor performance, can his operation be said to resemble that of Dr. Mott. One of the chief objects which Dr. Mott had in view in the projection of his operation was, the removal of so much of the bones as would facilitate the entire detachment of the inferior spongy bone from which malignant growths frequently commence, and this last successful surgical procedure of the celebrated Professor, must be ranked as one of the modern and important improvements in operative medicine, for the exsection of morbid structures, which if allowed to remain, would inevitably prove fatal to those thus affected.

New York, December 12, 1841.

P. S.—The above sketch by my assistant and demonstrator, is correct. V. Mott.

TO THE EDITOR OF THE LANCET.

Sir :—

May I take the liberty of forwarding to you a few cases which have been treated under my own observation in the Hospital Retreat, Staten Island ? If you look upon them as being of such interest as would entitle them to a place in your valuable journal, you will please give them insertion.

Respectfully, yours,

James E. Ward,

Assistant Surgeon to the Hospital Retreat.

A Case of Rupture of the Bladder occasioned by Retention of Urine from Stricture of the Urethra.

Alexander Bruce, seaman, a native of Scotland, æt. 38. This man was laboring under stricture of the urethra, and on his passage from Liverpool to New York, was suddenly taken with retention of urine, in consequence of exposure to bad weather. After remaining in that situation for three days, his urine constantly dribbling from him, he experienced one night severe pain in the region of the bladder, accompanied with much prostration of the vital powers. During the time his captain administered large doses of laudanum to alleviate his distress. Four or five days subsequently, the cellular tissue surrounding the rectum came away in the form of slough. He was admitted into the hospital on the 21st of May, 1841, greatly debilitated—pulse 120. On examination we found the rectum entirely denuded of the cellular tissue surrounding it, so extensive as to admit the hand to pass freely into the wound around the rectum from the right side of the sacrum to the left. We desired him to void his urine on his knees, but to our great surprise found it came through an aperture in the rectum in a full stream, and also through an opening in the perinæum. On examination of the rectum, we discovered a large opening in the anterior of the gut about two and a half inches above the anus. The depth of the wound we could trace by the probe about four inches. Dr. Boardman, the principal physician, passed a catheter into his bladder, and directed him to pass his urine on his knees. The cavity was dressed with a solution of chloride of lime and lint, and a nutritious diet ordered. Under the above treatment, and by constantly using the catheter, he has quite recovered, except a small sinus on the right side of the rectum not more than the eighth of an inch in width and two inches in depth.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Yearly Report of the City Inspector.

Through the politeness of Daniel T. Valentine, Esq., Assistant Clerk of the Common Council, we are enabled to present the following abstract of the annual report of William A. Walters, Esq., the City Inspector, presented to the Common Council on Monday evening last :—

" The report of interments for the year 1841 presents but little variety from that of the year 1840. The deaths during the year were 520 more than in the year preceding. This increase has not been caused by the prevalence of either epidemic or contagious disease, and is not proportionably larger than the increase of population. The number of interments within the city during the year, including 584 still-born infants, was 9,115. Of these 4851 were males, and 4264 were females. Of the males 4587 were white, and 262 were colored. Of the females 3977 were white, and 287 were colored. The table, while they show an increase of deaths for the year, exhibit a difference of mortality in certain classes of diseases compared with those of the year preceding. The deaths from diseases of the respiratory organs, of the digestive organs, and from diseases of the brain and nervous system, have increased, while those from eruptive fevers, from diseases of the heart, and those classed as casualties and unknown diseases, were less than in the year preceding. The deaths from diseases of the organs of respiration were 302 more than in the year 1840, and were nearly equal to one-third of all the deaths. The most frequent of this class are inflammation of the lungs and their membranes, and consumption. The deaths from consumption were 1470, an increase of 174 during the year. Of these 93 males and 86 females were under five years old. The liability of death from this disease varies among the different classes of our population. Thus, among the native whites it is as 1 to 9 ; among those of foreign birth, as 1 to 3 ; and among colored persons, as 1 to 3⅓. Of the deaths by consumption of persons over 10 years old, 647 were native born, including colored persons, and 644 were of foreign birth. Of the whole number of deaths by consumption, 673 were white males, 642 white females, 59 colored males, and 96 colored females. Between the ages of 15 and 30, more females than males die of consumption, and after the age of 30, more males than females. The months in which the greatest mortality occurred from this disease, were January and December.

" Eruptive fevers have prevailed to less extent during the past year, and the mortality from this class of diseases has diminished 131 during the year. The decrease was as follows :—on small pox, 23 ; scarlet fever, 25 ; measles, 73. Of the 208 persons that died of small pox, 33 were children under one year old ; 30 were between one and two years old, and 53 between two and five ; thus showing that 116 or more than half of all the deaths by this disease, were of children under five years of age ; twenty-two of the deaths were of colored persons, and ten were of foreign birth. The deaths from erysipelas have increased from 46 in 1840, to 94 in 1841. The deaths from diseases of the digestive organs have increased 202 during the past year. The principal diseases ot this class are inflammation of the bowels, diarrhœa, marasmus, and cholera infantum. The mortality from the latter disease is steadily on the increase in this city, and amounted in 1841 to 452 deaths, being an increase of 132 during the year. The mortality from fevers was greater than in any year for many preceding. The increase under this head was as follows :—on bilious fever, 17 ; remittent, 54 ; typhoid, 12 ; and typhus, 49. Of the 4060 deaths occurring in persons over ten years old, 1877, including colored persons, were natives of the United States ; 2040 were of foreign birth, and in 143 the nativity was unknown ; thus showing that more than one half of all the deaths were of persons born in foreign countries. The greater liability of foreigners to many diseases has been noticed in former reports, and is strikingly exhibited in the report of the present year in consumption, palsy, apoplexy, insanity, organic disease of the heart, and in typhus and bilious fevers. Of the deaths by old age, 70 of the 140 were of foreign birth. Of those classed under childbed, puerperal fever, peritonitis, and diseases of the womb, 62 were natives of the United States, and 62 were born in foreign countries. The mortality of children under five years of age was not so great as in the year preceding. In 1840, 3976, or 5½ per cent of all the deaths, excluding still-born infants, were of children under that age; while in 1841, 4149, or 48½ per cent, were children under the same age. It will be seen by the tables that the deaths of white males exceed those of white females 610. This inequality of the deaths of the two sexes is exhibited in almost every disease. The annual rate of mortality in the city for the past year, including deaths from all causes, was about 1 in 37 of the white population. This estimate does not include still-born infants; their number was 584; white males, 318; white females, 228; colored males, 18; colored females, 20; or 88 more males than females, and 22 less than in the preceding year. The greatest number of interments occurred in the month of August, and the fewest in the month of June. Of the interments included in this report, 808 of the deaths occurred in the Alms House establishment, 168 in the Penitentiary, 148 in the New York Hospital, and 181 were of persons that had died in the country and were brought to this city for buial. More than one-third of all the burials were in the Catholic burying grounds. Persons that die in the city and are removed to the country for burial, are not included in this report; their exact number, therefore, cannot be ascertained, the present law not requiring such to be reported.

Respectfully submitted,

William A. Walters,
City Inspector.

The following is a list of the number of deaths that occurred in this city during the year 1841, *the nature of the diseases, as also the sex and color, and place of burial.*

Disease.	*Males.*		*Females*		*Total.*
	White	Black.	White	Black.	
Abscess	14	0	9	0	23
Aneurism	10	1	0	0	11
Asthma	11	0	5	1	17
Apoplexy	65	5	58	7	135
Bleeding	14	0	5	0	19
Bladder, inflammation of	7	0	4	0	11
Bowels, constipation of	1	0	3	0	4
Bowels, inflammation of	101	2	118	5	226
Bowels, ulcers of	1	0	3	0	4
Brain, congestion of	70	2	47	4	123
Brain, dropsy of	186	7	187	5	385
Brain, inflammation of	86	7	70	2	165
Bronchitis	38	5	33	2	78
Cancer	10	1	21	1	33
Childbed	0	0	26	0	26
Cholera Infantum	222	6	222	2	452
Cholera Morbus	13	0	11	0	24
Chest, inflammation of	38	4	19	3	64
Chest, dropsy of	47	3	31	1	82
Cholic	11	0	3	0	14
Consumption	673	59	642	96	1470
Convulsions	304	12	239	10	565
Croup	64	4	52	0	120
Delirium Tremens	56	1	7	2	66
Diabetes	3	0	1	0	4
Diarrhœa	61	4	59	6	130
Dropsy	76	5	6	4	151
Dysentery	100	4	96	2	202
Epilepsy	16	4	19	2	41
Erysipelas	43	1	48	2	94
Fever	38	3	33	2	76
Fever, bilious	21	3	22	0	46
Fever, congestive	2	0	2	0	4
Fever, inflammatory	2	0	3	0	5
Fever, intermittent	2	0	2	0	4
Fever, puerperal	0	0	38	2	40
Fever, remittent	61	1	43	0	105
Fever, scarlet	182	1	181	2	366
Fever, typhoid	18	1	16	3	38
Fever, typhus	81	3	53	7	144
Fracture	4	0	0	0	4
Gout	0	0	3	1	4
Heart, inflammation of	4	0	4	1	9
Heart, organic disease of	42	3	33	1	79
Hydrophobia	0	0	1	0	1
Hip Disease	2	0	2	1	5
Hooping Cough	28	0	36	3	67
Indigestion	2	0	3	0	5
Inflammation	25	2	31	2	60
Influenza	1	0	4	0	5
Insanity	11	0	9	2	22
Intemperance	21	1	26	0	48
Jaundice	12	0	7	0	19
Kidneys, inflammation of	2	0	0	1	3
Larynx, do.	3	0	0	0	3
Liver, do.	27	3	33	4	67
Lues Venera	3	0	2	1	6
Lungs, bleeding from	15	0	8	2	25
Lungs, congestion of	15	6	11	0	32
Lungs, inflammation of	315	30	240	20	605
Malformation	14	0	8	1	23
Marasmus	224	13	168	6	411
Measles	58	1	51	3	113
Mortification	18	0	15	2	35
Neuralgia	1	0	1	0	2
Old Age	44	5	82	9	140
Palsy	34	2	33	2	71
Peritoneum, inflammation of	5	0	23	2	30
Pleurisy	6	0	8	0	14
Premature Birth	19	0	19	0	38
Puerpura	2	0	1	0	3
Rheumatism	7	0	6	1	14
Rupture	6	0	1	1	8
Salivation	1	0	0	0	1
Scrofula	19	0	14	1	34
Small Pox	109	15	78	7	209
Spinal Disease	6	1	2	1	10
Sprue	17	0	13	1	31
Stomach, bleeding from	1	0	1	0	2
Stomach, cancer of	2	0	4	0	6
Stomach, inflammation of	23	2	26	0	51
Stomach, bowels of	7	1	19	0	27
Tetanus	6	0	2	0	8
Teething	28	2	38	4	72
Throat, inflammation of	17	0	15	1	33
Throat, ulcers of	2	0	0	0	2
Tumor	2	0	2	1	5
Ulcers	8	0	5	4	17
Urine, retention of	3	0	0	0	3
Varioloid	11	0	9	0	20
Worms	6	0	10	0	16
Womb, bleeding from	0	0	7	0	7
Womb, cancer of	0	0	10	1	11
Womb, inflammation of	0	0	10	0	10
By Casualties, &c.					
Accident	47	2	6	0	55
Burned and Scalded	21	0	20	2	43
Cold Water, drinking of	4	0	0	0	4
Exposure	6	0	6	0	12
Drowned	90	3	11	1	105
Killed	1	1	3	0	5
Hanged	1	0	0	0	1
Poison	4	0	6	0	10
Suicide	24	1	9	0	34
Suffocation	23	2	22	2	49
Unknown	62	1	35	2	100
	4269	246	3749	267	8531

The interments were in the following burial grounds:—

African	167	Hebrew	75
Associate	25	Marble Cemeteries	221
Baptist	153	Methodist	1619
Catholic	3088	Moravian	2
Dutch Reformed	341	Presbyterian	1085
Friends	77	Protestant Episcopal	397
German	173	Potters' Field	1692

From these returns it appears that there died at the—

Alms House (Bellevue)	202
Alms Honse (Hospital)	505
Penitentiary Hospital (Blackwell's Island)	111
Small Pox Hospital	26
Long Island Farms and Hospital	101
Lunatic Asylum (Blackwell's Island)	31
City Prision	12
New York Hospital	148
Orphan Asylum	2
Long Island	49
Westchester County	28
New Jersey	55
Lying-in Asylum	7

University of Maryland.

TO THE EDITOR OF THE LANCET.

SIR:—

Your valuable journal has been extensively read here, and, I believe, proves itself what the profession has long needed—an independent press, and one that must ultimately receive universal patronage.

I regret to see no notice of the University of Maryland in this city—once the great rival of the Philadelphia University, but which unfortunately, some years since, sustained injury in reputation from the misconduct of some reckless men. But I am happy to say that several members of the old Faculty have again entered on their labors under the most auspicious circumstances. The old Hall is again filled with students from every section of the Union, receiving instruction from a Medical Faculty second to none in the western world. With your permission I will name the members of the Faculty as they stand by seniority of appointment to their respective chairs.

PROFESSOR N. POTTER, of the chair of Theory and Practice. This gentleman is one of the founders of the institution It would be but idle in me to speak of one so long and so extensively known to the profession. The medical class have recently procured a portrait of this gentleman, and presented it to the University as a token of their esteem and regard of this distinguished man.

PROFESSOR HALL, of the chair of Medical Jurisprudence and Obstetrics, is a gentleman of extensive and varied acquirements, and fills this important chair with acknowledged ability and success. He is a thorough gentleman of the "Old School."

PROFESSOR WILLIAM E. AIKIN, of the chair of Chemistry, is, I believe, a native of New York, and a graduate of the celebrated VAN RENSSELAER SCHOOL. He is, I venture to say, as thorough a philosopher and chemist as our country can name. His style of lecturing is remarkably agreeable, and the manner in which he performs experiments in chemistry and natural philosophy, is admirable. He is known to the literary world as an accomplished and eloquent writer.

PROFESSOR CHEW, of the chair of Materia Medica and Therapeutics, has been but recently appointed to this, vacated by the death of the lamented Professor SAMUEL BAKER. I feel assured the Faculty could not have selected for this chair a more efficient, competent, and gentlemanly man than Dr. CHEW. His lectures are strictly practical.

PROFESSOR N. R. SMITH, of the chair of Surgery. Of this gentleman the profession need no information from me. His skill as an operative surgeon is extensively known both in this country and Europe.

The chair of Anatomy is filled at present by Professor SMITH, assisted by Dr. ROBINSON. This branch is well taught, both by demonstrations and lectures.

If you wish, I can occasionally drop a note respecting the doings in the medical world here.

Yours, &c.

W. A. S.

Baltimore, January 20, 1842.

Harvard University Circular.

A catalogue of the members of the present class attending medical lectures in Boston, just published, has 118 names upon it, which is truly encouraging. This class has not been so large before for many years. Hereafter two full courses of lectures will be required in this institution, of candidates for a degree of doctor in medicine. But for one of these courses "a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months."

Mortality of Boston in 1841.

It is gratifying to speak of the good condition of the public health in this city. The number of deaths in 1811 was less than in 1810—being only 1919. The year was not characterized, as we have before remarked, by the prevalence of any epidemic, and yet a considerable number of persons died of one or two diseases. 84 died of lung fever, as expressed on the official returns, 87 of scarlet fever, 37 of hooping cough, 108 of infantile diseases, 256 of pulmonary consumption, 28 of diseases of the heart, 57 of small pox, 87 of measles, 55 of old age, &c. Such is the vigilance of the health department of the city, in speedily removing all offensive accumulations of decomposable matter from the streets, that notwithstanding the increase of population, and the prodigious daily influx of strangers by the railroads, and from the ocean, the city is remarkable for the general health of its inhabitants.

Obituary.

DIED, in Warren, December 31st, JEREMIAH WILLIAMS, M. D., Vice President of the Rhode Island Medical Society, aged 55 years. Dr. Williams has been for more than thirty years in very extensive practice, and well deserved the high confidence reposed in his skill. He also filled a wide sphere of action as an enterprising and useful citizen. He was one of the few surviving petitioners for the charter of the Medical Society in 1812; he was active and efficient in establishing and supporting the Warren Seminary, the friends of which will long have reason to feel and lament his departure; and he contributed liberally to the support of other useful, benevolent, and religious enterprises of his town.

To Correspondents.

A correspondent to whom we cheerfully afforded a portion of our space in a former number, because his communication was valuable and interesting, writes us quite a snappish note because we have not inserted an essay he has sent us on 'Candles.' Bah! man, we're now half inclined to set you down as one of the numerous class

> 'whose ears
> Are of the tribe of Issachars!'

As for your article which you call upon us to return, it has been sent with all others unsuited to our pages, 'to the tomb of all the Capulets.'

A number of articles are under consideration.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, from the 15th to the 22d day of January, 1842.

42 Men, 38 Women, 58 Boys, 42 Girls. Total, 180.

DISEASES.

Apoplexy	1	Insanity	1
Asthma	1	Intemperance	0
Asphyxia	0	Inflammation	1
Abscess	0	Of liver	2
Bleeding	3	Of bladder	1
Bleeding from stomach	1	Of brain	5
Bleeding from lungs	0	Of stomach	2
Burned or scalded	2	Of chest	5
Casualties	0	Of lungs	20
Cholera infantum	0	Of bowels	2
Cholera morbus	0	Of throat	2
Cancer	0	Of womb	1
Colic	0	Killed or murdered	1
Consumption	31	Locked-jaw	0
Convulsions	13	Lues Venera	0
Croup or hives	2	Mortification	1
Debility	0	Malformation	2
Delirium tremens	1	Marasmus	11
Diabetes	0	Measles	0
Diarrhœa	1	Old age	3
Death from poison	0	Organic disease of heart	2
Dropsy	4	Palsy	2
Dropsy in head	9	Purpura	2
Dropsy in the chest	1	Rheumatism	0
Drowned	0	Spinal disease	1
Dysentesy	1	Suicide	0
Erysipelas	3	Sprue	1
Epilepsy	2	Small-pox	5
Fever	1	Scrofula	1
Scarlet	14	Teething	1
Typhoid	2	Tumor	0
Puerperal	2	Unknown	0
Remittent	0	Ulceration of throat	0
Bilious	2	Ulcers	1
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	3
Gravel	0	Worms	1

AGES.

Of 1 year and under, 46; between 1 and 2, 15: 2 and 5, 28; 5 and 10, 6; 10 and 20, 5; 20 and 30, 23; 30 and 40, 23; 40 and 50, 15; 50 and 60, 6; 60 and 70, 6; 70 and 80, 3; 80 and 90, 3; 90 and 100, 0; 100 and upwards, 0; unknown, 0.

WILLIAM A. WALTERS, City Inspector.

City Inspector's Office, Jan. 22, 1842.

THE NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, FEBRUARY 5, 1842. No. 6.

REVIEW DEPARTMENT.

Professor Mott's Lectures on Surgery.--No. VI.

Lecture XVI.

The lecturer said he had a few additional remarks to make on the subject of artificial pupil, before he proceeded to another and very important subject. Baron Wenzel found that the iris closed generally after the opening was made, notwithstanding all the treatment that could be directed to prevent this inconvenience. He therefore proposed, in order to make the opening more permanent, that an incision should be made in the iris, after making it through the cornea. In that way pupils were made, and were very good for admitting light to the bottom of the eye. There is much less danger of the iris closing under such circumstances, than if a mere slit was made, such as was done in the original operation by Cheselden. This operation of Baron Wenzel's was practised by a number of surgeons until the time of a French oculist, who suggested a method totally different from this, and applicable to almost all kinds of difficulties connected with opacities of the cornea. Baron Wenzel's operation is only applicable to those cases where the cornea is entirely transparent, where there is not only a closure of the pupil, but an entirely transparent cornea. It is, therefore, only applicable to a very few cases. This person, after trying Wenzel's operation, and considering it not sufficient, thought that an operation could be performed by making an incision through the transparent part of the cornea, directly opposite where he wished to make the opening in the iris, and then to slit off, by a pair of scissors, a piece about the size of a sorrel seed, as he says; an opening was thus left, by which light was admitted to the bottom of the eye. Scarpa suggested a different operation, and the Professor had tried it, and it had succeeded to a certain extent. He introduces a needle which is delicately curved, posterior to the iris, and brings it up opposite to the transparent part of the cornea, when he detaches a portion from the ciliary ligament: in this way an opening is left, and light admitted to the eye. Lastly, Dr. Physick suggested that Wenzel's operation could be improved and altered, by introducing into the slit a pair of forceps, and punching out a piece of the iris, just as a shoemaker would punch a piece out of a bit of leather. But of all operations on the eye, those for artificial pupil are the most apt to fail. Dr. Physick's operation is only applicable to eyes where the cornea is all transparent, not to eyes where only a small part of the cornea is transparent. The Professor said that he could not pretend to do much more than merely name the diseases of the eye.

STAPHYLOMA.

By this term was understood a projection of the ball of the eye; and this projection, generally speaking, is confined to the tunica conjunctiva, although the term taken literally would mean a projection of the iris. This arises from various diseases of the organ of a virulent sort, by which such disorganization takes place as to produce the bulging in question. There is not usually in this case any prolapse of the iris, because there is no wound, but a disorganization of the cornea producing the projection. The projection is sometimes so considerable, that if there be any translucent part of the cornea, the patient will be so completely myopic that he cannot see distinctly, though he sees rays of light. In cases of this kind, and where the eyelid passes over the cornea, the best plan is not to interfere. If it is, however, so large that the eyelids will not close over it, the only plan is to diminish it. Caustics, generally, will not effect this. The projection is to be removed by a common cataract knife passed through the base of the projection, and always, if possible, anterior to the ciliary ligament, for the reason that there is less inflammation by doing so, and there is very little suffering attends it. The eye contracts and is diminished in size, becomes flattened, and there is good solid foundation for an artificial eye. Next he spoke of

HYDROPHTHALMIA,

in which the eyeball is preternaturally large, and bulges from the socket; the sight being destroyed of course. If it be only an hypertrophied state of the adipose tissue, such means as are calculated to diminish it must be employed. The patient must be put on low diet, bled, purged, and be literally starved to as great an extent as is possible. The employment of caustic issues on the temple and behind the ear will be serviceable. If it be an enlargement of the eye itself, it will sometimes require an operation similar to that for the removal of staphyloma. There was one fact connected with these cases which was very important. There are instances of this affection in infants, and along with it an entire opacity of the cornea, in which the sight may be spontaneously restored. A case of this description is recorded in the 11th volume of the "Medical Commentaries" for the year 1790, in which Mr. Ferrer, of Deptford, near London, relates the circumstances attending the cases of three children in the same family who were born blind, and spontaneously recovered their sight at the age of two years.

The Professor then spoke of

FUNGUS HŒMATODES.

It was very important to be able to distinguish this affection from carconoma. In fungus hœmatodes a silvery looking substance was seen deep in the eye, which was one peculiar and unfailing characteristic of this affection in its early stage. The pupil is also motionless and permanently dilated, and there is an utter inability to distinguish light from darkness. The eyeball has been extirpated from it again and again, but the disease returns in all its force, and bidding defiance to all our skill, destroys the patient.

CARCINOMA OF THE EYE.

This affection was said to occur most frequently in adults, and in its incipient stage quite different from the disease last adverted to. The silvery appearance is wanting—there are bluish spots of inflammation to be observed on the sclerotica, and the patient complains of occasional and severe pain in the eyeball. This affection sometimes attains an enormous size, and the bones of the orbit generally become carious. The extirpation of the eyeball has been repeatedly done for the removal of this disease, but almost invariably it returns. The French surgeons use scissors instead of a scalpel in extirpating the eyeball.

The last disease of the eyeball to which the Professor adverted, was

MELANOSIS.

This affection, he said, generally became malignant when it attacked organs; it requires extirpation of the eyeball for its removal.

The Professor in concluding his remarks on the pathology and treatment of the diseases of the eye, referred the students to the work of Dr. McKenzie, of Glasgow University, as the best treatise on this important subject, which has ever appeared in any language.

Dr. Mott then proceeded to describe the surgical anatomy of the FACE, which he very fully and ably demonstrated on the subject, and concluded the lecture by some remarks on the dangerous results of the introduction of air into the veins during operations.

Lecture XVII.

The Professor occupied almost the whole of this lecture with a demonstration of the surgical anatomy of the head and face, which we of course omit. He then proceeded to speak of

TIC DOLOREUX.

"Let me here connect," said he, "with this anatomical description, one remark: all these nerves you cannot cut them, unless you cut a fair 'chunk' of the soft part, in order to remove the nerves here. The moment it comes out it divides into a number of branches. In order therefore to cut these branches, you must recollect the nerve has no trunks there. It is a mistake to suppose that the trunk can be cut here. I can cut as well as my neighbors, but I can't do it here. As the name implied, tic doloreux was a *tic*—a convulsive affection that was noticed in the jaws of horses, and so mentioned in the dictionary of the French Academy. As far as he knew, there was no account of this to be found in the writings of the Greek physicians, but when they come down to the Arabian physicians, they found one of them describing this disease. The Professor remembered when the name of this affection was a novelty in New York. The English knew nothing of it till the time of Dr. John Fothergill, who describes it in his admirable work, composed of fragments in the profession, but all the result of great observation and experience. In his fifth volume of his 'Medical Observations and Inquiries,' there might be found a chapter on what he calls 'dolor-facei.' He describes it in 1773, and he was, the Professor thought, the first English author who has written on the subject."

Lecture XVIII.

Since the time of Dr. Fothergill, the Professor continued, there has been very considerable attention bestowed on this affection in different parts of the world. This disease is one of the most extraordinary that a professional man is called to treat. He was not aware of any disease which was so perfectly an enigma—because nothing satisfactory is known about its true pathology. This disease is divided for practical purposes into idiopathic—symptomatic—and traumatic; these three divisions included all the varieties of neuralgia. Neuralgia more frequently appears in the face than in any other part of the body, and hence Dr. John Fothergill gave it the name of 'dolor-facei'; he considered it as connected with cancerous affections and the scorbutic diathesis, and so directed his treatment. When affecting the face it generally appears in some of the branches of the tri-facial nerve of the fifth pair, and the Professor had found in a multitude of cases under his care, that it occurred more frequently on the second branch of the fifth pair than on any other branch of this nerve. The Professor stated that he would mention an interesting fact connected with this subject, for which he was indebted to a pupil. This gentleman informed the Professor, that his mother had suffered with *neuralgiac* pain in the tri-facial nerve, and that in consequence of the superaddition of a *hemiplegiac* seizure, the muscles of the face were paralyzed, and of course the face distorted. Notwithstanding the paralytic affection, however, the neuralgia continued. Though it was evident that in many circumstances the portio-dura does participate in this disease, there was no authenticated case of a cure produced by division of the nerve, as it comes out from the foramen stylomastoideum. It has been done, but still it appears to the Professor, from the terrible tumult that this disease occasions when in the face, that the branches of the portio-dura are involved in it more or less. The idiopathic sort of it begins much more commonly after the great climacteric period. It has been remarked by some that it is much more common in the female than in the male. The Professor could not bear testimony to the truth of this; he had seen both sexes affected. Neuralgia was an affection so very curious, that the non-professional spectator could not believe that the disease existed, because there was no external manifestation of disease. The sufferer at the first onset of the disease, experiences a violent pain in the region of the distribution of the branches of the second pair of the fifth pair. This will only be felt at times; and what is curious, very curious, different from other affections of the nerves, and hence a surgical curiosity: the merest touch of the part where the disease is working and 'brewing,' will excite a violent paroxysm of pain, through the branches of the nerve to the trunk, and when that goes off, the suffering beggars all description, the muscles being contracted, frightfully distort the lip or cheek, accompanied generally by a flow of tears from that eye. The learned Professor here read a most graphic description of the sufferings occasioned by this dreadful affection, which was published in the 26th volume of the 'Philadelphia Medical Museum,' by a Dr. Gardner of New York, who was himself a martyr to the disease, and wrote to Dr. Rush, soliciting his advice. Dr. Rush, on the receipt of this letter, wrote a long reply, detailing all that he knew about the disease, and giving him such advice as his experience and skill dictated; but all without avail. The treatment of neuralgia was divided into medical and surgical. The medical treatment consists in the use of those medicines which are usually denominated narcotics. With this view, Dr. John Fothergill recommended the liberal use of cicuta internally. Cicuta had been used in enormous quantities in this country and in Europe, with perfect safety for similar diseases; not, however, with the remedial effect in this disease which was desired. The common way is to begin with the extract, and give half a grain three times a day, and gradually increase the dose until a very large quantity was given. The Professor here begged the students to recollect the case which is related in the materia medica of Dr. Cullen, in which the patient, after exhausting his supply of cicuta, began the new stock with the exact dose he had been accustomed to take of the old, which was of different strength. The consequence was the patient was nearly killed. The same caution was to be observed in the use of any of the narcotics. The quantity of cicuta that was given was truly wonderful. To show what a large quantity might be given with safety, the Professor quoted the fact that whilst Dr. Fothergill seldom went beyond 70 grains in the twenty-four hours, Dr. Jones ventured to 100, and Dr. Jackson administered 300 grains in six hours, which was the largest quantity ever administered. Dr. Jackson thought that if the system could be made to feel the effect of this medicine suddenly and powerfully, there would be a chance of making a cure. Accordingly he resolved on a bold stroke, and administered 60 pills, making 300 grains, in the course of six hours. After the last dose, the patient, quite overcome with the medicine, lay for a while in a state of stupefaction—the respite from pain was longer, but the disease was not conquered, and returned the next day with considerable severity. The medicine was repeated, and in the course of the day 240 grains were taken, which relieved the pain. In two months after the pain was not felt except transient twitches. Some time afterwards the patient got wet, and the disease returned. The hemlock was repeated; in three days the disease gave way, since then it never occurred, that is, during more than three years. This case was quoted in the inaugural dissertation of a pupil of the learned Professor, a Dr. Murray, who went to Europe, where he terminated his existence. Dr. Jackson's paper was published in the 'New England Journal of Medicine.' Dr. Samuel Fothergill used a preparation of bark with carbonate of ammonia, which was thought to be useful in some instances, but in the majority of cases it failed. The Professor had found the *datura stramonium* more remedial than any of the narcotics. The extract was the form in which he generally administered it, because if well prepared it would always produce the specific effect on the system. It was to be given in a quantity of not more than one-eighth, or one-quarter of a grain every three or four hours. It was of course much better to begin with all these powerful medicines in the most cautious manner imaginable. The specific effect was generally observable in the course of twenty-four hours. The Professor had never known a case of idiopathic neuralgia that was not controlled by this drug; but unfortunately the disease returned, though the system while under the influence of the remedy was relieved. The common effects of this drug were vertigo, a very low state of the pulse, and double vision. The Professor referred to the case of a young lady affected with symptomatic neuralgia, whom he cured with this medicine, but it produced double vision—the pupils were enormously dilated, and she said that when she was walking in the street, the effect was not gone; that she continued to see double. If the disease was not relieved by this treatment, 'Fowler's Solution' might be used, beginning with very small quantities—six or eight drops three times a day, and increase it till its specific effect was produced—which was manifested by sickness of the stomach, or bloatedness of face. Mr. Hutcheson, of London, had recommended, and the Professor had used in enormous quantities, the carbonate of iron, but had never seen any good effect from it. Hydrocyanic acid had also been recommended, and certainly with great propriety, from its well known anodyne properties. It had had its day, and was found to be ineffectual. All the preparations of opium had of course been used, but the misfortune was, although they assuaged pain for a time, they were so distressing in their effects, that they were finally abandoned. A very good idea had been suggested, and it deserved to be mentioned; it was made to the Professor by a person who perhaps had not so much science as some others, but still it deserves to be mentioned. It was to make an application to the part of something that should produce paralysis, and thereby destroy the sensibility of the nerves if possible. This was to apply white lead to the face—not a bad idea by any means, but unfortunately the Professor had not seen any good effects from it. After all medicinal means failed, the dernier resort was a surgical operation, that of dividing the trunk of the nerve whose branches are thus affected. The Professor urged the importance of dividing the trunk of the nerve rather than the branches, although it was very difficult to get at the trunk in the face. Unfortunately the nerve when divided for this disease, will unite again, though relief is obtained till the union takes place, still the surgeon was completely justified in performing this operation. The Professor stated that he was the first to perform the operation in New York, and he did it in the case of the venerable old gentleman whose letter to Dr. Rush he had read. "This was thirty years ago," said the Professor, "and I was then Professor in Columbia College—so long ago as that! This old gentleman published an account of the operation, which was published in a periodical publication, but I have the original manuscript of his letter to me, and I will preserve it as long as I have an article in my museum." The venerable Professor then read this letter, and so concluded his eighteenth lecture.

Professor Revere's Lectures on Inflammation of the Medulla Spinalis.

DELIVERED IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.—SESSION 1841-42.

[REPORTED BY THE EDITOR.]

(We continue in our present number our report of this short but valuable series of lectures. We now give the cases referred to in our last report, and in our next will give the fourth and concluding lecture.)

CASES.

In order to confirm and illustrate these descriptions of the effects of inflammation of the medulla spinalis, it will be necessary to relate to you some cases in which inflammation of the medulla spinalis was shown to exist, not only from the symptoms during life, but the appearance discovered after death. This is only conclusive of the correctness of these views that the subject admits.

The first case I shall relate to you of inflammation of the medulla spinalis, where the symptoms indicated the true nature and seat of the disease, is the following:—

Case I.—A gentleman, 26 years old, who had been subject to purulent discharges from the ear, became affected with headache and pain of the ear, which led him to suppose he was about to have one of his usual attacks. After being indisposed for a week, but not seriously ill, the pain left the head and ear. He began to complain of symptoms of paralysis, which consisted in a loss of the power of voluntary motion, but the sensibility remained unimpaired, thus confirming the opinions of Sir C. Bell respecting the functions of these portions of the cord. It is much to be regretted that the views of Sir C. Bell had not been kept in view, but they seem to have been entirely disregarded, both by Dr. Abercrombie and Dr. Ollivier. A case in which this subject is inadvertently alluded to, will be hereafter mentioned. The morbid appearances found were depositions of coagulable lymph of a greenish yellow color, upon the cord or its membranes; pus effused into the spinal cord, and in patches between the dura mater and the cord; the substance of the cord broken down into a state of *ramollissement* at some parts, and in some cases divided into filaments. In some instances a flocculent fluid was found effused between the dura mater and the cord, and on laying open the dura mater a sanious discharge took place from between it and the cord, while the pia water was found highly vascular. I shall now illustrate this modification of inflammation of the spinal cord, which terminated fatally, by two cases, related by Dr. Abercrombie:—

Case II.—A man, aged 56, in the last week of March, 1823, was much exposed by travelling when the weather was inclement, on the outside of the coach. He soon afterwards became affected with severe pain in the right shoulder, a pain in the neck, extending down along the spine, that of the head having ceased. This pain continued to increase in severity as it extended down the spine, until it at last reached the loins, when it became very acute, and extended towards the abdomen, and with great uneasiness extending along the course of the ureters, and attended with pain and difficulty in passing the urine. From the violence of the pain he kept in constant motion; walking about with both his hands grasping the lower part of his back, agitated, incoherent, and gnashing his teeth in agony. A warm bath, to which he walked some distance, afforded slight temporary relief, but the pains soon returned with increased violence; the articulation became imperfect; there was difficult deglutition, squinting, pulse 120 to 130, and difficult micturition, and convulsive twitching of the muscles of the face. While sitting in a chair, he suddenly threw his head backwards with great violence, and fell in a state of coma, and died in the course of two hours, on the thirteenth day of the disease.

Examination showed the brain and its meninges in a healthy state. Some gelatinous depositions were found under the medulla oblongata. A considerable quantity of pus flowed from the spinal canal, and a coat of purulent matter lay between the dura mater and the cord; it was found in the largest quantity near the foramen magnum, about the middle of the dorsal region, and at the top of the sacrum. The substance of the cord was softer than natural, and divided into filaments.

I have related to you this case as a remarkable instance of the seat of the disease being directly pointed out by the symptoms. This is very rarely the case in inflammations of the spine to so striking a degree. In the next case the sensations about the spine afforded very inadequate indications of the mortal disease going on in this part. The insidious progress of this case will remind you of similar characters in cerebritis.

Case III.—A gentleman, aged 18 years, of a scrofulous constitution, was attacked with sore throat, pain in the loins, and slight fever, with uneasiness extending along the course of the ureters, and frequent desire to void the urine. The pain in the loins was at no time severe, but as it continued for several days, it was thought desirable to apply a blister, by which it was removed. But though the pain of the back was removed, the patient continued to complain of pain about the belly and pubis dysuria, and numbness of the thighs. At length there was complete retention of urine, and paraplegia or paralysis of both the lower extremities, but without loss of feeling. The pulse about 90 and soft. Cupping, followed with a large blister to the loins, was now employed with little effect. There was occasionally pain in the back, but not severe, and this was the only complaint. The mind continued clear; the paralysis now began to extend to the upper portions of the trunk; the pulse became frequent and weak, and the patient gradually sunk away and died on the evening of the fourteenth day.

On *examination* the brain was found quite free of any appearance of recent disease; but on opening the spinal canal, matter flowed out during the sawing from about the middle of the dorsal region. There was an extensive deposition of flocculent matter on the outside of the dura mater of the cord: on laying open this membrane, the pia mater was found very vascular; the substance of the cord was found almost disorganized along the whole extent of the dorsal portion, especially the anterior columns of the cord; when taken out of the canal, it was found to hang together by the posterior columns of the dorsal portion alone, while at the anterior part it fell into a soft diffluent state. The parts above and below were firm and healthy.

There are some circumstances deserving of notice in this case. The pain in the loins of itself constituted by no means a striking symptom in this case. It is worthy of being remarked that it appears from the dissection, that the anterior columns of the spinal cord were principally affected. This explains the fact observed during life, of the loss of voluntary motion in the bladder and lower extremities, while the sensibility remained. The nerves of voluntary motion, according to Mr. Bell, arising from the anterior columns—those of sensation, from the posterior columns of the cord. Several very striking cases of this are related by Ollivier. In one instance there was paralysis of the lower extremities, they being drawn up to the body, and the patient was confined to his bed for seven years. There was entire loss of motion, but the sensibility remained unaffected. On examination after death, there was extensive rammollissement of the anterior pillars of the cord. I might multiply these cases to any extent, but our time is too limited to admit of this. These cases may be taken as examples of inflammation of the medulla spinalis, where the nature of the disease is clearly apparent from the symptoms. They afford us grounds for forming correct pathological views in those chronic cases where the symptoms are not so urgent, and do not terminate fatally, and where the nature of the disease can only be inferred from analogy.—I was called in consultation in the summer of 1834, to see a man named C. Russel, by Dr. M'Noir, in a most deplorable state, who had been an invalid for about ten years. He dated his indisposition from an attack of bilious fever, that he had in Baltimore in the autumn of 1823. At the time I saw him, he was reduced to extreme prostration; had been long obliged to abandon his work, that of a painter of tin or japan-ware, and in fact as he told me had abandoned all hope of ever deriving from medicine any thing more than slight temporary relief from his present misery, He was suffering from severe pains of the breast, side, indeed the whole thorax. He had no appetite, every thing he ate induced a most distressing acidity of the stomach, with eructations so acrid as to cause excoriations of the throat. The bowels affected habitually with diarrhœa. When the symptoms of indigestion were most severe, there was swelling of the epigastrium, and great morbid sensibility on pressure, which was only relieved by vomiting. In addition to this, he had suffered severely from irritation about the urinary organs. He was emaciated to a skeleton, and his mind as prostrate as his body. He had been treated by a great number of physicians, who told him he was laboring under a liver complaint, for which he had been repeatedly salivated, having taken, as he expressed it, pounds of mercury, and been bled and blistered, and used a great variety of drugs without any benefit, but on the contrary his case rendered worse. In a word, I have seldom seen a patient reduced to greater extremities, and he was evidently a man of good sense and strong mind, and very naturally seemed to think that nothing was left but to die. On examining him, I could not see any reason to believe there was any serious organic disease. He made complaint of his back, but from the anomalous nature of the symptoms, I was led to suspect inflammation of the medulla spinalis. I found the whole vertebral column exhibiting a high state of morbid sensibility, and with the attending physician agreed to try the effects of small doses of the Carb. Magnes., counter-irritation, and cupping to the spine, and strict attention. The effect of this was all that could be desired He rapidly improved, and in the course of a few weeks was perfectly restored.

Case IV.—Christiana Pearson applied to the dispensary for relief August 29th, 1833. She was about 14 years of age. She described herself as having suffered a number of very distressing and anomalous symptoms. At the time she applied to the dispensary she had several remarkable looking blotches about the face and neck. They were inclined to an oval shape, presenting a surface about the size of half a dollar, and having an appearance as if the cuticle had been abraded by friction. Her mother, who was with her, referred all her symptoms to the first appearance of this eruption. When it first occurred she had applied some lotion with the hope of removing it. This was in May, 1832, about fifteen months before she applied to the dispensary. At that time the eruptions were somewhat different, being of a blue color and having the appearance of ecchymosis, without any abrasion of the cuticle. On applying the cold wash at first to remove the eruption, she was seized with violent fits, which threatened instant death. On inquiring of Dr. Nassau, who was first called to her, and attended her nearly a year, he informed me that when he first saw her he thought her *in articulo mortis*. The surface and extremities were quite cold; the pulse scarcely susceptible at the wrist; the respiration laborious, sometimes stopped for a minute. By the active use of the most powerful diffusible stimuli, after some hours lying in this state, reaction took place. Subsequently, she was attacked with paroxysms somewhat different. She would be attacked with spasms of a tetanic character of all the voluntary muscles, which would last for about ten minutes. Such was the extreme rigidity of the body at this time, that the doctor had repeatedly taken hold of the head, and on raising it, elevated at the same time the whole body, as if it had been a block of wood or a mere statue. Sometimes it would be only the muscles on the posterior parts of the body that would be attacked with the spasms, when the body would be in a complete state of *opisthotonos*. The spasms continued about ten minutes, after which they would relax for a short time and again recur. The sufferings of the patient during the spasms were excessive; during the time, she uttered violent screams, and the power of vision and hearing appeared to be suspended. These fits came on in paroxysms, which lasted from a few days to some weeks, after which an imperfect and temporary convalescence took place, when the patient was free and tolerably well for a short period, never however exceeding three weeks. The appearance of the eruption appeared to be connected with the spasms, and usually preceded the attack. They usually appeared about the neck, face, and extremities. The suddenness of their appearance was quite remarkable, indeed appeared incredible until actually witnessed by the physician. Being present one day when the fits were very violent, he had an opportunity of seeing himself the eruptions appear in the manner described by the mother, about which he had been skeptical. The child, after shivering suddenly, screamed and complained of pain of the shoulder. On looking to the part, he found a red spot, and while still examining it, the blush passed away, and underneath there appeared in its place an irregularly vivid, blue spot, about the size of a quarter of a dollar, and similar to the blotches he had so frequently seen. The treatment for this curious case had been: She had been bled, purged, mercurialized, narcotized, &c., sometimes with apparent temporary benefit, but never permanent relief; so that after nine months attendance he had gradually withdrawn. When the patient applied to the dispensary, about fifteen months from the first attack, the mother represented her as growing worse. The general health was not very much disturbed; the appetite was tolerable, nor was there much emaciation. Though she was fourteen years of age menstruation had not occurred, nor was there any appearance of puberty. But the usual symptoms which preceded a violent attack had occurred; the eruptions had appeared; she had pains in the lower extremities. From curious and anomalous symptoms of this patient, which did not indicate any affection of the organs occupying the three large cavities of the body that would at all explain the case, I was induced to examine the spine. The greater part of the column did not betray the least morbid sensibility; but the slightest pressure on the three upper dorsal vertebræ caused severe pain. Cupping on both sides of the column was advised, and a plaster of tartar emetic applied on the painful part. At the same time the Carb. Ferri was prescribed in doses of ℈j. three times a day. The diet vegetable, and strict attention to the state of the bowels required. The fits continued, but more mildly, until there was a plentiful crop of pustules, after which they entirely disappeared, nor have they returned since.

Perhaps it may be doubted whether in these cases inflammation actually exists in the spinal cord or its membranes. There has been a good deal of cavilling on this point. We could have only demonstrative evidence of this, by actually examining the parts. But still we have the same sort of evidence as that by which we undertake to determine if there be inflammation of the pleura, or the textures of the liver, or any other part. We have morbid sensibility and derangement of function in the spine and compound nerves, and precisely similar symptoms as in those cases where death did result as has been described, and every indication of the existence of previous inflammation was found. There is every reason then for considering these cases as arising from inflammation of the medulla spinalis, or the compound nerves as they pass off from this part.

De l'Arsenic, suivi d'une Instruction propre à servir de Guide aux Experts dans les cas d'Empoisonnement, &c. Par MM. DANGER et FLANDIN. Paris: 1841. 8vo. pp. 301.

The attention of the medical jurists and chemists of France, has recently been keenly directed to the investigation of the value and accuracy of various tests in cases of arsenical poisoning. In these investigations MM. DANGER and FLANDIN have taken a conspicuous part, and the result of their labors is of the utmost importance in a medico-legal point of view. We will therefore endeavor to present our readers with an analysis of their work, as comprehensive as consistent with the character of our journal.

MM. Danger and Flandin appear to have first directed their inquiries to the alleged existence of arsenic, as a normal constituent of certain parts of the human body. They were surprised at finding, from repeated trials, that not only did different processes give dissimilar results, but that the same process did not always give identical results. These differences were due to apparently trivial circumstances connected with the mode of operation. The plan recommended by Orfila of carbonizing the organic matter by means of nitric acid, they found to be exposed to serious defects It is unnecessary to refer to the many trials made by them before their process was completed; but it may suffice to state at present that they could obtain no traces of arsenic from the solid, liquid, or volatile products resulting from the destructive distillation of large portions of the human body. They procured, however, stains on porcelain by the use of Marsh's apparatus, so closely resembling those of arsenic in physical and chemical characters, as to be easily confounded with them. "Thus the flame resembled that of arsenuretted hydrogen in color and odor; the metallic stains were easily volatilized by directing on them the point of flame, they were soluble in nitric acid, and the solution thus obtained was precipitated yellow by sulpuretted hydrogen gas, and of a brick-red color by nitrate of silver." (p. 11.) These stains were due to a combination of sulphite and phosphite of ammonia, with some volatile animal matter; and the experimentalists state that they succeeded in synthetically forming the substance from which they could be produced.

On discovering this fact, they naturally doubted whether arsenic had not been erroneously pronounced to be a normal constituent of the human body; and the only way to remove this doubt consisted in entirely destroying every trace of organic matter in a close vessel, and submitting the pure saline residue to analysis. A somewhat complicated apparatus was employed for this purpose, and the result was as we have stated, no arsenic whatever could be detected in the organs of the body. The bones and the soft parts gave equally negative results, and there could be no doubt that the stains pronounced to have been arsenical, were really due to products formed during the decomposition of the animal matter. The soil of different cemeteries around Paris gave stains with Marsh's apparatus, as also flour and bread; but in all these cases the stains were similar to those above mentioned, and were not of an arsenical nature.

By far the most important part of the work is the process recommended for detecting arsenic in the tissues of the human organs, where the ordinary means of analysis entirely fail. It is undoubtedly true that, in numerous cases where arsenic has destroyed life, none of the poison can be detected in the cavities of the viscera; a circumstance which, although easily explicable on pathological principles, generally excites a doubt of the real cause of death in the minds of non-professional persons. Courts of justice unwillingly convict where the poison is not found in the body, and in many instances, as where a body has been long interred, a conviction would be absolutely impossible unless the poison were discovered. It is necessary to remember in these inquiries that the facility with which arsenic is detected in the dead is to be ascribed to the unnecessarily large quantity of poison which is commonly exhibited. Ordinary chemical analysis is directed to the surplus quantity left in the stomach or intestines, in other words to that portion of poison which has not destroyed life. Copious diarrhœa or vomiting, the free exhibition of diluents, or where life is protracted, the power of absorption may entirely remove the poison from the viscera. In all these cases, the most important branch of medical evidence is lost, and should chemical evidence be deemed essential by the court the prisoner will owe his escape to the violence of the symptoms under which his victim labored, or to the kind of treatment adopted! The credit is due to Orfila for having first proposed in these cases to seek for that portion of the poison actually absorbed into the system, which has probably caused death. He has shown that arsenic may be detected in the blood, soft organs, and muscles; and although he has relied too implicitly upon the physical character of the stains produced in the use of Marsh's apparatus—or what amounts to the same, he has trusted to chemical characters uncertain of application in such minute quantities, yet medical jurists owe much to him for pointing out the means of obtaining evidence in cases which have been hitherto abandoned as hopeless. Our authors, in following the steps of Orfila, have, to a certain, extent, improved upon his process. So long as stains were considered to furnish evidence of the presence of arsenic, it was natural that a doubt should be entertained of the soundness of the opinion expressed, especially when the quantity of the supposed poison was infinitesimal, and the apparatus producing it was new, and, comparatively speaking, untried. Now, however, that the poison may not only be extracted from the organs of the person poisoned, but by the use of their apparatus actually reproduced, free from any trace of organic matter in its original state of arsenious acid, so that every known test for arsenic may be applied to it, no one can hesitate to admit that a considerable step has been made in medico-legal analysis; and that we have at length attained to the same certainty of evidence with regard to absorbed poison, which has hitherto been confined to that portion only found loosely dispersed in the stomach and intestines.

The process of MM. Danger and Flandin consists of two parts: 1st, the carbonization of the organic tissues, so as not to destroy the poison; and 2d, the transformation of the arsenical compound produced into arsenious acid.

The separation of organic matter in a liquid containing arsenic by the use of chemical reagents has been entirely abandoned. The only safe principle on which we can proceed is so to decompose the organic matter, as to render it perfectly insoluble in water, and at the same time while we prevent the loss of arsenic to render it easy of extraction in the state of salt, by water. These facts premised, the following description of the process will be easily understood:

"In order to decompose the animal matters, we digest them in a porcelain capsule with strong sulphuric acid, in the proportion of from 1-6 to 1-2 their weight, according to the quantity of fatty matter present. [The animal substance, which in an experimental trial may weigh about an ounce, is previously cut into very small pieces.] The mixture is then gradually heated to between 600° and 700°. (360°c.) Carbonization takes place rapidly without any frothing, and if a sufficient quantity of sulphuric acid has been employed, the carbon resulting is dry and pulverulent, and by digestion in water a solution containing traces of arsenic might be procured. Should the carbonaceous residue be unctuous and greasy, the vessel may be withdrawn, and when cool more sulphuric acid should be added, and the mixture again evaporated to dryness. According to our experiments there is no compound of arsenic that gives a more delicate reaction with Marsh's apparatus than arsenic acid, which besides, being a deliquescent substance, can easily be separated from the insoluble matter by a very small portion of water: hence, after having thoroughly dried the carbonaceous residue, we treat it with a mixture of three parts of nitric and one part of muriatic acid, adding just enough to moisten perfectly the pulverized carbon. . . . . . When the mass has been heated to dryness, the residuary carbon is digested in a small quantity of water, and the solution filtered. The liquid thus obtained, contains so little of animal matter, that it is perfectly limpid and colorless, and when introduced into Marsh's apparatus it never yields any froth." (p. 24.)

The carbonaceous residue, it is remarked in another place, (p 38,) should be treated several times with water to ensure the solution of the whole of the arsenic acid, and these different solutions may be then mixed and concentrated by evaporation.

The report of the committee on this process gives some additional particulars which may be here mentioned:—

"The exact quantity of sulphuric acid which it is necessary to employ cannot be determined *à priori:* it depends on the state of the animal substance, the more fresh and humid this is, the larger the quantity of acid required: thus when blood is under examination, the proportion of acid must be at least one half. The capsule should be equally heated: the animal matter soon liquefies and dissolves in the acid, forming a dark unctuous mass. It is to be continually stirred with a glass rod, by which vapors of sulphuric and sulphurous acids are disengaged. In about forty minutes the operation is finished, the substance being converted into a friable charcoal." (Report, p. 25.)

When cool it is reduced to a fine powder, and then treated with nitro-muriatic acid in the proportions above described. This converts the arsenic to the state of arsenic acid, which is easily dissolved out by boiling water. Such then is the first part of the process.

MM. Danger and Flandin prefer transforming this compound into the state of arsenious acid; and this they accomplish easily, by adopting a very ingenious condensing apparatus to Marsh's tube, so that the arsenuretted hydrogen is continually burnt with a low flame, and the arsenic is obtained partly in the solid state and partly in the form of a strong aqueous solution. This apparatus has the advantage of being simple and inexpensive; it may be safely used by those who have only been accustomed to the analysis of arsenious acid in a pure and unmixed state. Thus then here no metallic stains are collected for analysis; indeed the production of them at all only becomes a collateral part of the process; and the result would not be the less satisfactory, although this part of the analysis were altogether omitted. In short the experimentalist has nothing to do with the production of metallic stains; he has merely to determine the chemical characters of arsenious acid, and there are, we believe, very few of the modern race of practitioners who are not fully competent to this.

"The results which we have obtained in experimenting on the remains of poisoned animals by the process just described, have been so exact, that in any case of poisoning, we do not hesitate to say, less than two ounces of animal matter (50 grammes de chair) will yield a ponderable quantity of poison, either in the state of arsenious acid, of metal, or in any other form of arsenical combination, according to the pleasure of the operator. Henceforth, it will not therefore be necessary to find traces of arsenic in a body, or to examine chemically the whole of a subject. In the greater number of cases, about two pounds of the viscera or of the muscles will suffice. A trial of a few drachms will serve to give sufficient evidence to guide the analysis in the subsequent process." (p. 31.)

It is then proposed that in the exhumation of the dead for judicial purposes, especially where decomposition has advanced, only certain portions of the viscera should be taken. Two or three pounds of an organ or of muscular fibre, might be even carbonized, and sent in a dry pulverulent state to any distance for further examination by experienced analysts. The authors propose that a council should be appointed, to whom all such analyses should be referred, and whose unanimous judgment would be stamped with an authority which would render it impregnable to the attacks of the envious or the ignorant. This is an excellent suggestion, and the plan proposed is one which might be adopted with great advantage in our own country. Simple as the details of this process may appear, it is a grave question, on the answer of which we think there can be but one opinion, whether the search after poison, on a charge of murder, should be entrusted to inexperienced hands. The English law unfortunately presumes that all belonging to the medical profession, however remotely, are competent to undertake such investigations, until the contrary appear. The presumption, however, is here on the wrong side; and until this principle is recognized by the legislature, the law must be administered in darkness and uncertainty. The essence of the defence in a charge of criminal poisoning consists in the ability of the counsel to throw doubt upon the vital part of the evidence, the chemical analysis. By the constitution of a medico-legal board, such as that recommended by MM. Danger and Flandin, no risk could be incurred, there would be at once security for the innocent, and certainty of punishment for the guilty.

The conclusions at which the authors arrive are as follows:—

"1. That there is no arsenic in the human body in its normal state. 2. That in the carbonization of animal matter a soluble organic compound, consisting of sulphite and phosphite of ammonia, with some animal substance, is produced; and that this, when introduced into Marsh's apparatus, gives rise to stains, resembling in physical and chemical characters those of arsenic. 3. That Marsh's apparatus is not to be relied on in medico-legal cases, except where we burn the arsenuretted hydrogen, and operate on the products of combustion. 4. That where arsenical poison is suspected, the analyst must during life examine the fæces or vomited matters; and after death, if this event have resulted from the direct effect of the poison, he will find it diffused throughout the system, even in those organs which are most remote from the centre of poisonous action." (p. 33.)

One of the great merits of this process is, that it is equally adapted both to ordinary and extraordinary analyses. When arsenic is mixed up with organic matter, solid or liquid, it is often very difficult to make the principal test act, namely, sulphuretted hydrogen gas. If arsenic be indicated by the color of the froth formed in the liquid, or by the production of a yellow compound, it is either suspended, or the precipitate falls slowly, and is liable to be mixed with a large quantity of organic matter, which effectually prevents a satisfactory reduction of the sesquisulphuret to the metallic state. In all cases of this description, as where arsenic is mixed with gruel, soup, coffee, or such like substances, it would be advisable to evaporate the liquid so as to form a dry extract, and then carbonize it in the manner directed with pure sulphuric acid. In this way, within an hour or two, an analysis of the most complex liquid might, according to the author, be made, while by the ordinary method the boiling and filtration would occupy several days. It may be further remarked, that if we have already begun the analysis with sulphuretted hydrogen, and converted the arsenic partially to the state of sulphuret, this would not interfere with the application of the process of MM. Danger and Flandin. Should the sesquisulphuret be precipitated in an impure state, it may still be transformed to arsenic acid by this method, and the analysis completed in the usual way.

In the process as applied to the organic tissues, we cannot conceive that it would ever be necessary to determine by analysis the quantity of poison present in a given weight of animal matter. It is not easy to understand under what circumstances a question of this kind would arise. The quantity might, and possibly does vary, according to the length of time which the individual survives. The mere discovery of the poison in any of the tissues of the body would, we imagine, suffice to establish the fact of poisoning. In a case of this description, it could not be urged that the poison might have been designedly introduced after death; its defection in the substance of the liver, spleen, or muscles, would at once set at rest any plausible objections of this kind. The only possible objection might be, that arsenic naturally existed in the body; but this we think is an inadmissable assumption, not to say that it is directly negatived by many experimental trials made on the various organs of healthy subjects.

An English translation of this work, with an improved arrangement of the valuable matter it contains, and excluding the angry discussions at the Academy, which would reduce the volume to half its present dimensions, would be extremely desirable.

A Therapeutical Arrangement of the Materia Medica, or the Materia Medica arranged upon Physiological Principles, and in the order of the general practical value which remedial agents hold under their several denominations, and in comformity with the physiological doctrines set forth in the Medical and Physiological Commentaries. By Martyn Paine, M. D., A. M., Professor of the Institutes of Medicine and Materia Medica in the University of New York. New York: J. & H. G. Langley. 1842. 12mo. pp. 271.

The typography and general 'getting up' of this volume is very creditable to the publishers. The objects of the author are stated to be the arrangement of the Materia Medica on intelligible, physiological, and therapeutical principles—the indication of the relative value of the various articles—and the supply of a convenient means of graduating the doses of medicines. As to the principles on which the work is conducted, we will let the Professor speak for himself:

1. All remedies operate upon the same principle as morbific agents, and all become morbific when injudiciously applied. Applied to the healthy system, they alter the vital properties and actions so as to constitute disease. If improperly employed under circumstances of disease, they develope new morbid conditions, and exasperate such as already exist. "Medicines," says Linnæus, "differ from poisons, not in their nature but in their dose." And so Pliny: "*ubi virus, ibi virtus.*"

2. All remedies which actually produce an influence upon disease are alteratives.

3. All curative agents operate upon the morbid properties, either directly or through sympathy, and produce their salutary results by so altering the morbid properties as to enable them to take on their natural tendency to a state of health. It is nature, therefore, that cures; art only places nature in the way of cure. All therapeutics consist in the foregoing principles.

4. Remedial agents operate directly upon the vital properties of the parts to which they are applied, and, through the medium of those parts, upon remote organs by the principle of sympathy. The partial absorption of certain remedies is only a contingent result, and has little or no agency in the physiological phenomena. Their reputed absorption is greatly overrated, often only imaginary, and sometimes misrepresented. Such as have no natural relation to the vital properties modify the natural condition of the absorbing vessels before they can enter the circulation. (See *Commentaries*, vol. i. *Humoral Pathology*.)

5. The properties of every remedial agent possess peculiarities which belong to no other, and each

substance, therefore, is capable of exerting physiological influences peculiar to itself.

6. In the physiological arrangement of remedial agents, they must be considered strictly in reference to their most salutary effects, not according to their bad effects, nor according to their effects on the healthy organization.

7. It is not only wholly unsound to reason from the effects of remedial or morbific agents upon man in health to man in disease, but especially so from their effects on animals, whether healthy or diseased. There would be nearly the same propriety in reasoning from animals to man on the subject of food.

8. Those remedies should be always preferred whose salutary and peculiar virtues are equal to others of the same groupe, but where others possess properties to which objections apply. This is fundamental in the following arrangement. The order of arrangement under the different classes, according to the relative value of medicines, is founded upon their general advantages as curative agents.

9. The combination of two or more remedial agents so modifies the action of each other, that the compound is a new article added to the Materia Medica. There is nothing more important or more difficult in medicine than this creation of new agents. It involves a sound knowledge of physiology, pathology, and the individual physiological effects of each particular substance which may enter into the compound.

10. The basis of classification rests principally upon some one or more prominent local results of remedial agents, though those results, in a physiogical and therapeutical sense, may not be the most important. Where they are most liable to this objection, and where there is great disparity in the physiological effects of different agents that have been hitherto distributed into groups, according to some special results, as in the groupes of *sudorifics, sialagogues, sobefacients*, etc., those denominations have been rejected. Such as are founded upon the humoral pathology, or no pathology, are not recognized in our philosophy. No new names are invented, but some general denominations are retained, which are employed in a very different sense from their original import. Such, for instance, is the case with *astringents*. Their action, like all other remedies, is alterative; and it is indicative of the changes which they thus induce in the diseased properties of life, that hæmorrhage or redundant secretions are arrested. Where no prominent local effect, nor a generally uniform and important result happens, the remedies are grouped under the denomination of *alteratives*, which term is equally applicable to all other remedial agents. Tonics are especially alterative; but they have a general uniform effect, which serves as a basis for a distinct groupe. It is also characteristic of the groupe of alteratives, that they are employed in small and repeated doses, and with reference to a slow constitutional effect. They are, therefore, better suited to chronic diseases than any other groupe of agents. The whole class of antiphlogistics are far more alterative, and therefore remedial, than all other classes together.

11. The physiological classification has fewer defects than any other, and offers more important advantages. The defects are mainly remedied by distributing some agents among different groupes, according to the varieties of their properties and the effects which they produce in different doses, and according to the different modes of application. But it should be constantly borne in mind, that there are no specifics, that medicines are only remedial in reference to certain pathological conditions, which must be ascertained before a medicine be applied, and that what is curative under one combination of circumstances may aggravate disease when that combination is a little varied. Thus, cinchona is a febrifuge in intermittent fever, when no considerable local inflammation or congestion is present; otherwise, it will generally aggravate the fever, and therefore is not a febrifuge in relation to that particular state of the pathology. It is also tonic, in enfeebled states of the system, or of the stomach, in the absence of inflammation; but, if inflammation be present, it is not then a tonic, in the proper theurapeutical acceptation. The therapeutical arrangement, therefore, presupposes that remedies will be employed with reference to the existing pathological condition.

12. If an active internal agent be of doubtful propriety, its administration should always be delayed, or a remedy of milder properties should be substituted.

13. No unnecessary risks or experiments should ever be undertaken in the treatment of disease.

A Brief Description of the Agaricus Atramentarius, with a Statement of some of its Singular Properties, and a Lithographic View of the Plant in its different changes. By John Redman Coxe, M. D. Philadelphia: 1842. 8vo. pp. 12.

This is a curious and interesting pamphlet, printed with an ink derived from the deliquescence of the plant which it describes, and which appears to belong to a family of fungi depicted by Schæffer in the fourth volume of his "Icones Fungorum Bavariæ." Dr. Coxe thus describes the result of a number of experiments:—

From several trials, I found the deliquated fluid well adapted to constitute an excellent bistre-colored ink for drawing; and *from it*, I had a drawing made of the plant itself, in its different gradations, from the perfect and recent cone, to its expansion and perfect development of the interior; as seen in the accompanying lithographic plate. I was induced subsequently to try it mixed with oil, for engravings in copper, and found it answer very well. It does not answer so well as a lithographic ink; as, unless great care is bestowed, such is its affinity to the water passed over the stone, that the engraving is smeared by it. I obtained, however, some pretty good ones by this process, and from its great indestructibility, I think it likely that it may be advantageously employed in filling up the writing in bank notes and other papers, as common agents appear to have but little action upon it, without at the same time destroying the paper itself. The principal difficulty will be to discover in what way it may be best cultivated."

Catalogue of Valuable Works on Anatomy, Medicine, Surgery, Midwifery, and the Collateral Sciences. For sale by J. & H. G. Langley, Medical Booksellers and Publishers, 57 Chatham street, New York. 1842.

The Messrs. Langley have for several years devoted considerable attention to the medical branch of their business. They are at present supplied with a well-selected stock of valuable works in all departments of medical literature, and, which is a very important consideration—their terms are extremely moderate.

The Practice of Medicine, or a Treatise on Special Pathology and Therapeutics. By Robley Dunglison, M. D., Professor of the Institues of Medicine, &c. in Jefferson Medical College, Philadelphia; Lecturer on Clinical Medicine, and attending Physician at the Philadelphia Hospital, &c. &c. In two volumes. Philadelphia: Lea & Blanchard. 1842. 8vo. pp. 1322.

We have great pleasure in welcoming this important addition to American medical literature, indicating, as it does, untiring research, experienced judgment, and enlarged and accurate observation. So far as our knowledge extends, this work affords the most comprehensive view of the present state of medical science, which has yet been offered to the profession. The author has succeeded in being 'essentially eclectic.' He has wisely avoided the introduction of controversy, although he has not failed to evince, in his treatment of some topics, that he lacks not the skill by which the mazy subtleties of false reasoning are successfully detected. The not insignificant results of the Professor's own practical experience are given with an unobtrusive propriety, that strikingly contrasts with the bearing of some modern authors, whose aim appears to be the presentation, not of the science, but of themselves, their practice, and their views, to the public. The style is that of an accurate and practised writer, and the volumes exhibit throughout evident marks of careful preparation.

The character of our journal, altogether prevents us from entrance on any thing like a formal review of this elaborate work. We can merely hint at the author's general arrangement of his subject. The first volume is occupied with diseases of the alimentary canal—the respiratory organs—the circulatory apparatus—and the glandiform ganglions. The second volume treats of the diseases of the glandular organs, under which division cutaneous diseases are discussed—diseases of the nervous system—of the organs of the senses—and diseases involving various organs, under which the author treats of fevers.

The publishers have of course discharged their duties to the work, and brought it out in a beautiful style. 'We predict' that it will meet as ready and extensive sale as it deserves; and the parties most interested in the fate of the work, must be very unreasonable if that does not prove amply satisfactory.

These volumes came to our hands through Messrs. Wiley & Putnam, of this city, who have the work for sale.

Address delivered at the Annual Meeting of the Broome County Medical Society, January 11, 1842, *at the Court House in Binghampton.* By S. D. Hand, M. D., President of the Society. Published by direction of the Society.

This address is about as good as such things generally are. We will rescue one characteristic paragraph from oblivion, and let our readers hear with what honest vehemence the Doctor denounces the quacks:—

> "The American people claim to be the most enlightened well-informed people in the world—the most liberal minded, the most thinking people. The State of New York is not considered in these respects a whit behind other portions of the republic: and Broome county—why that is one of the choicest spots of the earth, its inhabitants are so independent minded—such investigators—so free from fanaticism and what is called humbuggery of every kind. Could a full history of human credulity in all ages of the world, be spread out before the people of Broome, they would probably look upon themselves with a feeling of complacency—that we live in a more enlightened age and country, that with us at least knowledge has made such advances as to break the fetters of superstition and prejudice, and at length to set the human mind free. But what are the facts in the case? Why the men of the dark ages shall rise up in judgment againt this generation! The believers in the Salem witchcraft, and even the barbarous tribes of our forests, shall put to shame the inhabitants of Broome county! They groped in darkness because there was none to lead them; on us shines the light of science. Long and laborous investigations have resulted in the establishment of principles which we voluntarily reject, to run after the most absurd delusions! I would not underrate the intelligence of my fellow citizens—I would speak *carefully, gently* of their faults, but duty requires that I speak *truly*. Nothing is more common than for the enlightened inhabitans of the county of Broome to consult a *faith* doctor—to place their diseased friends with perfect confidence under the care of a man who removes diseases by merely speaking the word of command, or laying his hand upon the patient—who has such a knowledge of anatomy and surgery that he can reduce three or four dislocations of the spine at a single operation, the patient all the while standing! Let a dancing master visit the county—a man whose insolence and profanity will disgust every decent, well-informed man, who knows no more about medical science than his well-informed dog, and the very-investigating people of Broome will receive him with a hearty welcome! In what capacity think you? Why as a physician! He will walk our streets with the dignity and arrogance of a nabob, dealing out his blasphemous abuse freely upon every man who happens ro cross his path!"

Alas! for the people of Broome!

The Guardian of Health. Edited by Drs. Bond and Harris. Published monthly by N. Hickman, Baltimore. No. 5.

This little periodical is designed to circulate practical medical information in a popular form, and appears to be conducted with taste and judgment. We wish it prosperity.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, February 5, 1842.

Our Progress.

With an honest pride, of which no one in our position need be ashamed, we can now state that the *Lancet* has, in one short month, attained a circulation in every quarter of the Union, which, as far as we can learn, exceeds that ever reached by any scientific periodical established in this country, during the first year of its existence. Each day's mail brings accessions to our subscription lists. Every traitorous misgiving about the probable fate of an attempt to establish a national Medical Journal, has departed from our mind, and we are now convinced that the Medical Profession in America *can* and *will* support a journal devoted to their interests, if conducted with energy and independence.

In many quarters throughout the land, we see evidences neither few nor equivocal, of the growing advancement of medical science. A new and healthful impulse appears to have been given to many of our Colleges. Great efforts are made to aid students in the acquirement of practical knowledge, and the pressing necessity of extending the period of collegiate education begins to be felt. Valuable additions to medical literature have recently been made by several of our countrymen, and there is evidently a growing desire among the great mass of the profession to keep pace with the progress of science. To cherish and gratify this desire will ever be the great aim of the *Lancet.*

Death of Dr. D. D. Davis.

We regret to have to announce the decease of Dr. D. D. Davis, lately Professor of Midwifery in University College, London, an appointment which he only resigned a few months ago. Dr. Davis was in his 64th year. He published various useful works on obstetric medicine, and we believe was naturally a man of considerable talent.

A New Synopsis, or the Natural Order of Diseases; containing their Definition, Principles, and Treatment, with a new Pathology of Fever and Inflammation. By Robert Stevens, M. R. C. S. Highley, London.

The author's object, in the publication of the work before us, is thus stated by himself:—

"One of the author's chief inducements to put forth the present synopsis, is the remembrance of his own difficulties when a tyro, and the wish to save others the same labor. The student has had great disadvantages to contend with in comprehending the theory of the practice of medicine. The nosological tables have afforded him but little analytical information, and have so imperfectly answered their synoptical purpose, that, in theory as well as practice, he has been compelled to study diseases seriatim. But to comprehend their laws, their principles in common or relative dependencies by such a course, is a truly laborious and in some cases a hopeless task; and one which, nevertheless, has been chiefly left to the student's own ingenuity. Sometimes it is not even attempted, or it is done in an imperfect and ambiguous manner; and hence the difference between scientific and empirical practice."

The classification of diseases proposed by this author may be thus briefly stated:—

Class 1.—Sthenicæ.

Order 1.—Febres.
   Which consist essentially in excitement of the ganglial nervous system, as demonstrated in the pathological introduction to the order.
2. Phlegmasiæ.
   Inflammations.
3. Eruptiones.
   External viroid diseases, as variola, &c.
4. Impetigines.
   Infesting diseases, which yield only to art, as syphilis, lepriasis, &c.
5. Tumores.
   Morbid growths.
6. Hæmorrhagiæ.
   Irruptions of blood.
7. Spasmi.
   Involuntary and inordinate muscular action, as tetanus, convulsio, &c.
8. Dysorexiæ.
   Inordinate appetites.
9. Vesaniæ.
   Sthenic mental diseases.

Class 2.—Asthenicæ.

1. Marcores.
   Idiopathic wasting or decline, from debility of the ganglial nervous system which governs nutrition.
2. Adynamiæ.
   From direct vital depression, as syncope, &c.
3. Cachexiæ.
   Internal derangements in the chemical products of the organic system, as calculus, rheumatismus, &c.
4. Parasiticæ.
   Animal pests, subsisting only on debilitated subjects, as scabies, vermes, &c.
5. Ectopiæ.
   Protrusions or displacements from spontaneous yielding of structure, as aneurism, hernia, &c.
6. Profluviæ.
   Relaxed discharges or fluxes.
7. Dyscinesiæ.
   Want of harmony in the muscular action of organs, from nervous affections, as cardismus, dysphagia, stammering, &c.
8. Dysæthesiæ.
   Impaired perceptions.
9. Dementiæ.
   Asthenic mental diseases.

Geneva Medical College.

From the "Register" of this institution for 1841-2, which was sent us the other day, we learn that there are at present attending the classes 156 students, 48 physicians, 7 classical students—total 211. This is the establishment to which Dr. Andrew Boardman applied the actual cautery a year or two since. The concern just now looks well on paper, but we have no means at present of learning its actual condition. The "Register" holds out at least one important inducement—"*all the College charges, including tuition, room rent, use of library, Janitor's services, &c., amount to $62 a year!*" The necessities of the body are supplied on equally reasonable terms, board being obtained at $1.50 per week.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School.

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, January 31st.

The cases of several children, of scrofulous diathesis, affected with diseases of the ear, were presented to the notice of the class. Dr. Parker made some judicious remarks on the best mode of employing electricity in such cases. A case of inverted toe-nail, was operated on. The operation for strabismus was also performed; and a number of other cases attended to, none of which presented any points of extraordinary interest; they called forth, however, judicious and practical remarks from the Professor, which were well calculated to afford profit to his auditors, whose numbers, as we are happy to observe, increase every week.

Pennsylvania Hospital.

Concussion of the Brain and Fractured Clavicle.

M. K., æt. 19, admitted with severe concussion of the brain and oblique fracture of the middle third of the right clavicle, the effects of a fall of about six feet upon a stone pavement. When brought in, the patient appeared to be in a deep and quiet sleep, from which it was impossible entirely to rouse him.

Considerable prostration was also observed. Reaction having been fully established under the influence of artificial heat and sinapisms to the extremities, blood was freely taken from the head by means of cupping-glasses, and a purgative enema was administered. The symptoms of concussion continued gradually disappearing for five days; during which time cathartics and diaphoretics were given, the cupping-glasses were reapplied, and a rigidly low diet and perfect rest enjoined. No inflammation of the brain supervened. Owing to the cerebral complication, it was very difficult properly to reduce and adjust the fragments of the broken clavicle—especially as they were very much displaced—until the third day; when the fracture was securely dressed with Fox's clavicle apparatus. Consolidation was complete, without visible deformity, on the twenty-first day. The patient was discharged January 14th, cured. This is the fifth case of fractured clavicle treated in these wards during the last five months.

The four cases preceding this were all treated, according to the custom of the house, with Fox's apparatus. In the first of them, the patient being twenty-four years of age, union took place in about twenty days, a slight prominence remaining at the seat of fracture. In the second, the case of an individual over fifty years, the bones did not unite before the twenty-eighth or thirtieth day, but there was no deformity whatever. The two other cases left the hospital while under treatment, and therefore afforded no results.

The case of M. K. is also the second instance of simple fracture complicated with concussion of the brain treated in these wards during the last five months.

The first, although in a subject only eleven years old, was of a far more serious nature than the present, inasmuch as the concussion of the brain was severe, and was succeeded by a violent and nearly fatal inflammation of that organ, while there were two fractures, one of the lower jaw, and one of the left humerus. Although the violent delirium and constant restlessness of the boy seriously interfered with the treatment of the fractures, putting utterly out of the question, in fact, any thing like the rest of the fragments, and especially of those of the lower jaw, upon which no dressing could be long retained. Yet the latter became firm in sixteen days, without deformity, and the humerus united within thirty days also without displacement. In this case, besides the constant delirium, marked by extreme restlessness and a disposition to tear off every bandage, there was, during several days, alarming prostration of the vital powers.

Compound Fracture of the Arm, Complicated with Laceration of the Brachial Artery.

BY DR. ALFRED C. POST, NEW YORK.

W. L., aged 52, was stepping from his stoop to a pump, which stood near his house, on the 16th February, 1835, the ground being at the time covered with a very smooth coating of ice, when he slipped and fell, his right elbow coming in contact with the pavement. I was passing by when he fell, and I assisted him to rise. I perceived at once that his arm was broken, and the arterial blood was flowing from it. My first impression was that he had been wounded by a fragment of a pitcher which he had in his hand when he fell; but on exposing his arm, I found that there was a small laceration of the integuments at the seat of the fracture, which was just above the condyles of the os brachii, and that arterial blood was flowing very freely from the wound. I immediately compressed the artery against the bone, above the seat of the injury, and sent a messenger in quest of Dr. Buck, who soon came to my assistance. I then requested Dr. Buck to make pressure upon the artery, while I made a free incision in the situation of the injury, including the original wound made by the fragment of the broken bone. I had some difficulty in finding the artery, in consequence of the blood which was ejected into the cellular tissue. When the vessel was exposed I perceived an extensive laceration of its coats, and I applied two ligatures, one above and the other below the laceration. The edges of the wound were brought together in the usual manner. The wound was dressed on the fifth day after the operation; there was not much union by first intention. A few days after the operation the patient became very much prostrated, with a feeble pulse, diarrhœa and vesications on the hand and fore-arm. By the use of astringents, tonics, and stimulants, these symptoms were arrested, and the threatening gangrene of the limb was prevented. The wound healed, and the bone was consolidated in about two months from the time of the injury. In consequence of the feeble vitality of the limb, the pressure of splints and bandages could not be borne, and the limb could only be supported on a trough or hollow splint, without bringing the fragments of the bone into a proper state of apposition. A considerable amount of shortening took place, and from the proximity of the fracture of the elbow-joint, the motions of that articulation were very much restrained.

The patient is still living and in good health, nearly seven years after the injury, but he has very little motion at the elbow of the affected limb.

Dr. E. S. Wheeler, of Providence, on the Comptonia Asplenifolia (Sweet Fern) as a Remedy in Tænia.

Case.—Mr. I. F., of U., æt. 35, formerly a merchant in Boston, had for many years been attended with symptoms peculiar to worm cases, and for twenty years past had voided, from time to time, portions of a tape-worm, some of them measuring several feet in length. He had tried the remedies usually prescribed in similar cases, having gone quite through the catalogue of medicines denominated anthelmintics, but all to little purpose, as portions only of the worm could be got rid of. After he went to reside in the country in 1840, the comptonia was recommended to him by some friend or neighbor, and he determined to give it a trial. He used it, therefore, in the form of a strong decoction or infusion, drinking large quantities daily for several days, then stopping its use for a short time and taking a brisk cathartic in the interval. This process he often repeated, and generally succeeded in removing a greater or smaller number of joints at each effort. One morning in July, 1840, he called to me from his door, saying he had something to show me. I walked to his house, and there found the troublesome animal exposed to view. It appeared of such enormous length that I at once proposed to take the measure of it; and the gentleman complying and lending his assistance, we found it to be forty-two feet long. Mr. F. had, for two or three weeks previous, been taking the sweet fern tea in larger quantities than usual, and the evening preceding the expulsion of the worm, he took an active purge. During the cathartic operation he discovered that the tænia was slowly passing, and for fear of its breaking off at one of the joints, as it had done on all former like occasions, waited patiently, sitting upon the stool nearly two hours, occasionally making very gentle effort till it passed; and an examination of the smaller extremity proved that we had now before us the *whole* "beast with its hydra heads," fairly vanquished.

It was the tænia osculis marginalibus (tænia solium of Dr. Good—lumbricus cucurbitinus of Dr. Heberden), the oscula being placed on the margin of the joints.

After this worm was expelled, the peculiar symptoms that had attended Mr. F. disappeared, and health returned.

Remarks.—Might not the comptonia be serviceable in cases of alvine worms of every species, by stimulating the mucous coat of the stomach and intestines to a healthy action, by means of its peculiar tonic and astringent qualities, though it may have no *specific* action on the worms themselves? It is well known that the lining membrane of the alimentary canal, in individuals most afflicted with these animals, is in a relaxed and vapid condition, and of course, its secretion vitiated; hence it would seem that one important end to be gained in the treatment would be to restore to that membrane its proper tone. As there appears to be a disposition in the alvine canal of some persons, children especially, to cherish worms, owing, no doubt, to an altered secretion, this remedy might prove salutary by preventing their re-accumulation after a number of them has been expelled.

Cure of Crooked Noses. By Dr. Dieffenbach.

This condition of the nose which, however common in a slight degree, is, in an extreme, remarkably ugly, has been twice cured by Dieffenbach. The patients were young persons about twenty years old. In one the obliquity was congenital, in the other the consequence of a fall; in one the nose was turned to the right, in the other to the left, and in both to such an extent that it was thrust completely out of the middle of the face, with its point turned towards the cheek, and the nostrils lying almost one over the other. The operator ran a small knife through the skin on the side of the bridge of the nose where the cartilaginous and osseous parts meet, and carried his incision so as to separate from the bone the bridge of the nose, one of its lateral walls, and a flap beneath the skin. Then through another puncture on the other side, just under the bridge, he divided in the same direction the cartilage and the septum. The nose could now be without difficulty put right; compresses kept it so; no ill consequences followed; and shortly the patients were both so much improved that they could barely be recognized.—*Casper's Wochenschrift, September* 18, 1801.

A Case of Double Vagina, Double Cervix Uteri, and, probably, Double Uterus. By Dr. Fricke, of Hamburg.

A girl, 21 years old, was received into the venereal ward of the hospital, on December 17, 1840. She had once before been under medical treatment for gonorrhœa and bubo, and had for three years been leading an unchaste life. Sexual intercourse was not attended with any particular difficulty, and she was wholly unaware of the peculiarities of her generative organs.

The condition of the labia was natural, the left nympha was hypertrophied and projected between them, while the right was of the ordinary size. On separating the nymphæ the orifice of the vagina was seen to be divided by a septum arising on either side and from the posterior surface of the urethra, and being attached to the posterior surface of the vagina, a little to the right of the mesial line. Its breadth at its origin was about one inch and a quarter, it then narrowed to half an inch, again expanding to an inch in breadth at its insertion. This septum was found to extend up the vagina, and to be about two lines in thickness. It was not perpendicular, but curved with its convexity to the left, and the right vagina was that which, according to the woman's statement, had been always used in sexual intercourse. The left vagina was narrower than the right, and the os uteri at its termination appeared smaller when viewed with a speculum, but well formed and resembling that on the right side. A sound could be introduced into each os uteri, to the depth of three-quarters of an inch on the right side, and of one inch and a half on the left side; but this depth was not sufficient to allow of bringing the ends of the two sounds into contact, and of thus ascertaining whether the uterus was likewise divided by a septum, or whether each os uteri terminated in a common cavity.

On examining *per anum*, a depression could be felt extending for an inch between each cervix uteri; but beyond this point the finger could not reach.

The patient had not menstruated since her admission into the hospital, it was therefore not possible to say whether the secretion flowed from both, or only from one os uteri.—*Zeitschrift fur die gesammte Medicin. Oct.* 1841.

On the Repeated Application of one or two Leeches to the Knee in Dysmenorrhœa. By M. Trousseau.

In three hospital patients under the care of M. Trousseau, the catamenia have followed the application of a leech to the internal surface of the knee. In one case a leech was applied to the right knee; while it held on the patient experienced nothing particular, but as soon as it fell off pains in the loins came on, which lasted almost an hour, and the discharge then appears. The next day it was arrested again, and a leech was applied to the left knee; and the discharge appeared as before, and continued as usual during three days. In another case the pains of uterine congestion commenced with the application of the leech, which adhered during an hour. The effect produced by one leech is not wonderful, says M. Trousseau, because if the bleeding is allowed to continue, as large a quantity of blood flows as the ordinary amount of menstrual discharge.—*Bulletin Général de Thérapeutique.*

Dr. Jules Guerin on Lateral Curvatures of the Spine.

Of all those who have worked in the improvements and errors of modern surgery, none have been more enterprising than M. Jules Guerin, the editor of the Paris Medical Gazette. It is difficult, indeed, to follow him in the rapidity with which he publishes novelties in the results of subcutaneous incisions, in the pathology of deformities congenital and acquired, and in other cognate subjects; and there are now before us several of his memoirs on these subjects, which, though a year has scarcely elapsed since the first of them was printed, are already, according to the French surgical reckoning of time, nearly *passés*. Nevertheless, we shall not let them go unnoticed, for, though tinctured with many of the faults of the country and the time, such as an inflated style altogether foreign to the subject, and a vehement contending for rights of priority, they yet supply much of that which is most wanted, namely, facts and reasonable arguments on the true pathology of the affections to which they relate.

This, on the Curvatures of the Spine, is the eighth of M. Guerin's memoirs on the deformities of the osseous system. The active muscular retraction, to which he attributes the majority of lateral curvatures, is the same condition of the muscles of the spine as that which, affecting those of the foot, produces the different varieties of club-foot, which, seizing the sterno-mastoid, gives rise to torticollis, and which, in a word, is (according to M. Guerin) the source of all those deformities that are curable by myotomy. Under the influence of some conditions of the nervous system, the muscles may, it is generally known, be suddenly seized with involuntary spasmodic movements, in consequence of which they remain shortened and tense, and pull in the direction of their action the portions of the skeleton to which they are attached. In the fœtus this attraction is, he believes, the principal agent of congenital articular deformities, and in the child, or even to a later period of extra-uterine life, is one of the sources of deformities of the spine, and of others of those parts whose direction is not very firmly fixed.

The first character of this active muscular retraction is the shortening of the muscle affected, and its tension, so that it feels like a tight cord stretched beneath its points of insertion. Thus retracted and tense, it gradually acquires a fibrous ligament-like texture, (especially if the bones to which it is attached continue to grow while its development is arrested, as it always is while the retraction continues,) and at length becomes hard, band-like, and extremely resisting; in all which characters it is sufficiently distinguished from a muscle *passively* retracted, in consequence of the approximation of its insertions; for in this there is no tension, its tissue is unresisting, and either retains its natural structures, or becomes weak, pale, and flabby, or at length is converted into fat.

The proof that this active muscular retraction is the prime agent in the production of certain deviations of the spine, rests on such evidence as the following. There are many examples of deformed fœtus, in which manifest alterations of the nervous centres and their invelopes are discernible, and in which, coexistent with these, is a series of deformities of various parts of the skeleton, directly proportioned to them both in number and in degree. And that these deformities are not the results of original anormal position of the parts affected is proved by the condition of the muscles, which are always hard, shortened, and tense, and which form, as it were, cords to the arcs or angles of the displaced parts. Besides, during extra-uterine life, and even up to adult age, cases often occur in which lateral deviations of the spine supervene immediately after cerebral and cerebro-spinal diseases, and are accompanied, like those in the fœtus, by a great number of other articular deformities, all evidently caused by the active shortening of retracted muscles. M. Guerin has collected a complete series of cases of this kind, showing every degree of spinal deformity dependent on disease of the brain or spinal cord, and with each, correspondingly extensive deformities of the joints of other parts of the body. With these distortions, also, there are often numerous signs of previous or persistent disease of the nervous centres, such as convulsive actions of the face, irregularities of the features, squinting, inequality of the vision or the form of the two eyes, and often a want of symmetry or of equality of strength in the two sides of the body; all which, and yet more marked signs of such disease, are constantly found coincident with these deformities in the epileptic, paralytic, and similarly afflicted inhabitants of the Bicêtre, the Salpétrière, &c. There are also very local affections of the cerebro-spinal system, which are followed by equally local deformities of the column; and in which the direction of the curvature is always as identical with that of the action of the perceptibly retracted muscles, as the direction of club-foot, torticollis, &c. is with that of the action of the muscles affected in each of them.

These evidences of the origin of the curvature are also the best means of forming a diagnosis of the nature of the case in which they are found, and, with an examination of the state of the muscles extended between the ends of the curve, will generally be sure guides to a proper judgment of the disease. The cases dependent on muscular retractions are indeed much more numerous than those due to any other condition. In many examples, however, they are not indicated by the signs of similar disorder in other muscles, or, though they have the same origin with them, yet coming on more slowly, they are supposed to depend on some other cause. And besides them, there are others dependent on the muscles, induced not by disease of the nervous centres, but by local affection of the muscles themselves, or of the nerves within them, such as the consequences of blows and falls on them, and of accidental diseases.

The influence of active muscular retraction in curved spines is not limited to those in which it is the prime agent. In all that arise from other causes, the secondary curves, by which the balance is restored, depend on it: but this retraction, since it differs from the other both in its motive and its origin, may be called *secondary* active retraction.

Such is a sketch of M. Guerin's explanation of spinal curvatures: that for many cases, it is correct, and that the observance of it in the treatment of such cases will be eminently beneficial, cannot be doubted. What is wanted now is a more complete and just comparison than is here given of the distinguishing characteristics, as well as of the several causes and modes of progress, of each of the diseases of which the cured spine is but the common result.

On Wounds received in Dissecting.

BY HERBERT MAYO, ESQ., F. R. S.

There is reason to think, that two animal poisons at least are generated in the body after death. Or if there be but one, under different circumstances its virulence is not the same. And the circumstances are definable which give rise to the difference. The virus produced in any texture of the body through a high degree of decomposition, causes a mild train of symptoms: that which is traced to the secretions of inflamed serous membranes, and is already in existence a few hours after death, causes more serious, and often fatal, illness. Accordingly, the student in the dissecting room has less to fear from the wounds he encounters there. It is in *post-mortem* examinations the danger lies. But in this, as in other instances of contagion, all exposed to it do not suffer. Not only must the poison be applied but there must be a certain aptitude to take it. The milder class of cases includes these varieties,—festering of the wound, with inflammation of the lymphatics—phlegmonous inflammation of the wounded part—phlegmonous erysipelas—circumscribed mortification. The severer cases include two different trains of symptoms, of which the first is sometimes manifested alone. It consists in great depression of the system, with nervous fever. The second train of symptoms are, diffused infiltration of the cellular membrane with an acrid humor, followed by inflammation, abscess, even sloughing. Before entering upon the history of these cases, we may inquire whether there are any means of prevention or protection. If the student in the dissecting room prick his finger, he should wash the wound, then suck it strongly with the lips, then bind a strip of adhesive plaster an inch wide twice round the part, and not remove it for three days. At necroscopic examinations of cases of puerperal fever, phlebitis, peritonitis, and the like, no one should act as operator, or assistant, who has a recent wound, or abrasion, or sore surface on the hand. And the operator, before commencing, had better oil his hands. If he prick himself, the means just recommended should be adopted; and after cleansing and sucking the wound, it is safer to touch it with the point of a probe that has been dipped in nitric acid. It is besides to be remembered and acted on, that all poisons of contagion, if suffered to remain upon the unbroken cuticle, are liable to make their way through it, and then to produce their usual effects.

I. FESTERING OF THE WOUND, WITH INFLAMMATION OF THE LYMPHATICS.

On the second or third day, the wound becomes heated, and burns and itches. If a puncture, a drop of matter forms below the epidermis; if a cut, it opens, and exudes first serum, and then pus. At the same time, red lines in the course of the lymphatics are seen upon the forearm and arm; sometimes a gland in the axilla inflames. The inflammation of the lymphatics, at its maximum in twenty-four hours, disappears in two or three days. The wound enlarges a little by ulceration, then draws together and heals, the epidermis immediately around it separating. Often at this period, cutaneous erysipelas appears around the wound, and moves erratically over the fingers and hand, occupying two or three square inches at once, and lasting for several days; the skin so affected burns and itches. There is no fever, seldom even loss of appetite; the constitution is not disturbed. The means of treatment requisite at the commencement are,—a bread and water poultice to the wound; the hand kept at rest and raised, either in a sling or on a pillow; to the inflamed lymphatics, tepid fomentation with decoction of poppies. Two or three grains of calomel at night, with Dover's powder five or ten grains, if there is sleeplessness, followed by an aperient in the morning; the same to be repeated according to the symptoms. Abstinence from wine, spirits, and porter; the diet light. In the second stage,—from the festered wound remove the loose cuticle with scissors, and dress with unguentum resinæ flavæ; to the erysipelas apply the liq. plumbi subacet. dilut., or the same in a poultice. Diet now as usual, with wine or porter; and moderate exercise in the open air, the arm supported in a sling.

II. PHLEGMONOUS INFLAMMATION.

After two or three days swelling of the wounded finger may supervene, with heat and redness and intense pain, throbbing, and aching; with inflammatory fever ushered in by shivering; furred tongue, loss of appetite, restlessness, headache; sometimes delirium. The pain continuing several days, matter at length forms, deeply seated on the tendons; the cartilage of the neighboring phalangal joint is then liable to be absorbed; and when the complaint has subsided, anchylosis of that joint is found to have taken place. Sometimes a second or even third phlegmon, healing to suppuration or dispersing, forms on the hand or above the wrist in the course of the flexor tendons. In the early treatment of this case, venesection of the opposite arm, calomel with James's powder at night, antimonial salines during the day, fever diet, the recumbent posture in bed, the hand and arm raised on a pillow, iced saturnine lotions to the inflamed part, are necessary. When matter has formed, a free longitudinal incision, to give it escape, though extremely painful, is followed by remission of all the symptoms. Such an incision, prematurely made, not opening an abscess, aggravates the inflammation. After two or three days, when the inflammation and fever have been reduced by the means indicated, Dover's powder may be given at night. The further management of such a case is obvious.

III. PHLEGMONOUS ERYSIPELAS.

Phlegmonous erysipelas of the hand and arm is liable to supervene within a few days after such an injury, as well as after a scratch with a rusty nail, or other trivial lesion, and is characterized by the symptoms, and runs the course, described in earlier lectures—commencing with diffused swelling and redness of the hand, gradually extending to the forearm and arm: the integument hot, tense, shining, red; the redness terminating either suddenly, or, which is more common, by gradations and insensibility; the pain a severe sense of burning, weight and aching, with high symptomatic fever. The events threatened are, setting aside a fatal termination, extensive suppurations, undermining large portions of the skin, sloughing of the integuments, fascia, and tendons. We are indebted to Mr. Lawrence for the just principles of practice in this case. The treatment should be generally and locally antiphlogistic and depletory: calomel, with James's powder, aperient and antimonial salines, fever diet, rest in the recumbent posture, as general means; as local means, one or more free incisions through the skin and swollen cellular tissue several inches in length, where there is the greatest heat, and redness and tension. Poppy fomentations with flannels afterwards. The inflammation having been thus arrested, the means proper in the conduct of the case are obvious, in which a most important point is, to detect the formation of depôts of matter under the integument or fascia, and to open them freely as soon as discovered: this point overlooked. I have known the patient to fall back unaccountably, erysipelas to reappear, and a finger even to slough. It is superfluous to advert again to all the various phases of phlegmonous erysipelas requiring modifications of the above plan of treatment; but I will borrow and subjoin one very illustrative case.

"A student received a wound in dissecting, which was followed by mortification of the last phalanx, with violent inflammation of the hand, forearm, and arm, and the most serious inflammatory symptoms generally; and this went on in spite of very active means, including venesection, the local loss of blood, and other suitable measures, for about seven or eight days. He now seemed in a desperate condition, with a very feeble rapid pulse, a countenance expressive of great anxiety, a sharpness in the appearance of the face, and a general aspect that portended the grearest danger. He had not had any rest for several nights previously. The forearm and arm were swollen, and of a bright red color up to the shoulder. In a consultation with Mr. Earle, under whose care the patient immediately was, it was agreed to adopt the following practice:—An incision was made along the arm, and two in the forearm, one over the radius, and one over the ulcer, through the inflamed skin and cellular membrane. Afterwards, the arm was enveloped in warm cloths, and the patient was left in bed. No particular attention was paid to him for some little time, but after Mr. Lawrence and Mr. Earle had left the house, an alarm was given that he was worse, and in fact he fainted. When his friends came to examine him, and to put aside the bed clothes, it was found that an immense quantity of blood had flowed from the incision. His father said that he considered that more than three pounds of blood had been lost: it was taken up by tea-cupsful, and put into a wash-hand basin tea-cupful after tea-cupful. This great loss of blood had occasioned syncope, but so far from ill resulting from it, this gentleman in fact derived the greatest relief from the depletion. He rapidly recovered, and ultimately got quite well."

IV. MORTIFICATION.

When mortification of the wounded part ensues, it is always circumscribed and subordinate. I never saw or heard of progressive mortification or sphacelus proceeding from this cause. Where mortification of a wounded finger occurs, it is commonly likewise connected with, and attributable to, the severity of the attendant inflammation, whether phlegmonous or erysipelatous. Nevertheless there are cases in which mortification of part of the finger forms an early symptom, and manifestly depends upon the immediately deleterious agency of the poison. This feature, however, I believe only goes with the class of cases next to be considered.

V. DEPRESSION, WITH NERVOUS IRRITATION, OR NERVOUS FEVER.

In Mr. Traver's work upon Constitutional Irritation, all the features of these serious cases are fully displayed. It will sufficiently serve my present purpose to abstract from this source the history of two patients, to exemplify the formidable nature of the attack. In the first the characterestic is nervous irritation; in the second depression, with nervous fever. In the second, again, certain localized symptoms make their appearance, which will be considered under a separate head.

"Mr. Elcock, student of anatomy, slightly punctured his finger in opening the body of an hospital patient recently dead, about 12 at noon. In the evening, finding it painful, he applied a poultice, and took some active aperient medicine. During the night the pain increased to extremity; and symptoms of high constitutional irritation presented themselves on the following morning. No trace of inflammation, however, was apparent, beyond a slight redness at the spot at which the wound had been inflicted, which was a mere puncture. When visited in the evening no local change was to be discovered: the nervous system was agitated in the most violent and alarming degree; the symptoms nearly resembling the universal excitation of hydrophobia. He expired at three o'clock the following morning; within the short period of forty hours from the injury."

"Having at 8 in the morning assisted in the examination of the body of a lady who died of puerperal peritonitis, between 10 and 11 P. M., Dr. Pett complained of feeling some heat and uneasiness at the outer side of the last phalanx of the middle finger. There was a slight blush round a minute opening in the cuticle: it was touched with lunar caustic: this gave no pain, but being repeated later in the night was felt sensibly, and the pain thus produced shortly became agonizing. He went to bed, and had a rigor, followed by some degree of heat. At 9 the next morning the finger was much swollen and inflamed, and there were red lines on the forearm. The caustic had made a large eschar; countenance haggard and depressed; pulse 90. Calomel, gr. x., followed by an aperient, and leeches to the finger and hand. At 1 the countenance suffused with redness; eyes hollow and ferrety; breathing sudden and irregular, like sighing: gangrene of the two last phalanges; great sense of depression, and appearance of torpor; heavy sleep in the afternoon. The third day hand and arm rather more swollen; general symptoms the same. The fourth day appearance and powers more sunk; in the place of torpor, anxiety; skin of the axilla and side of the cheek marked with an erysipelatous blush, and pitted on pressure. Fifth day, more tranquil, but his general appearance frightfully wan and haggard; pulse 110, irregular and feeble; died at 6 P. M."

The formidable character of these attacks baffles our resources. All that has hitherto been done has been to treat symptoms; to give stimulants to support the failing strength; camphor and opium to allay nervous irritation; calomel as an experiment. The only glimmer that one at present sees is the possibility that arsenic may be beneficial; and that upon a very insufficient analogy.

V. The secondary disorders attending some cases of poisoned wounds consist in infiltrations of the cellular membrane of the limb, and of one or more regions of the trunk, followed by more or less inflammation, sloughing, suppuration. These local disorders are liable to occur to a very great extent, acquiring importance, and developing themselves, after the first danger has passed, and materially lessening the patient's chance of final recovery. As however they require no special treatment, I shall not dwell upon their management, or on that of the attendant constitutional symptoms, but shall content myself with narrating the principal features of the most remarkable case of the kind that I have witnessed.

Mr. Pearse, assisting visiting apothecary at the St. Marylebone Infirmary, poisoned his hand in opening the body of a woman who had died of puerperal fever in the winter of 1831-32. I was requested to see him when several days had elapsed, and he was laboring under the secondary consequences of the injury. He lay breathing with difficulty, his countenance distressed and anxious, and he complained of pain of the right side. This region was occupied by a large, firm, doughy, or rather brawny swelling, arising from infiltration of the cellular tissue: the skin being of a dark red. In concurrence with the opinion of the other surgeons present I made a deep longitudinal incision through the swelling about five inches in length. Towards six ounces of blood flowed; the skin became paler, and lost its tenseness. The patient in a few minutes experienced relief; the following day he was much better, and his progress was for a short time, two or three weeks I believe, perfectly favorable. He then fell into a new peril. I was requested again to see him, and found him in the following state:—He was wasted with hectic; his skin sodden with colliquative sweats; the integuments of his trunk, quaggy to the touch, formed a great bag of glairy matter: this had partial issue at one or two points. Three-fifths of the subcutaneous cellular membrane of his body had suppurated; but there existed several separate abscesses that did not communicate—one on each side of the loins, another on the side, one on the chest. The several abscesses were opened at two or three points, so as to prevent the matter from further bagging, and to give it from every part a free vent. Bark, with mineral acid, was prescribed, and nourishing diet, with porter and wine. And he immediately improved, and gradually entirely recovered.

VI. It still remains for me to notice the peculiar cachexia which occasionally follows the poisonous wounds of dissection. It resembles some forms of rheumatism; joint after joint has a disposition to fill with synovia, and become uneasy or painful from subacute inflammation. No specific plan of treatment is available. The cachexia wears out under the same rules, as to diet, and the use of alterative medicines, with the disorder it resembles. This consequence is liable to follow when the primary symptoms have not been severe. Through it any lurking disease may be brought forward, or the body rendered more susceptible of casual disease.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Annual Report of the Commissioners of Charitable Institutions in the First Senatorial District of the State of New York.

Through the kindness of one of the commissioners, we are enabled to lay before our readers the following brief report. We intend before long to examine, rather more minutely than the commissioners appear to have done, the past management of the City Hospital, and therefore waive at present any remarks on the subject.

TO THE HONORABLE THE SENATE AND HOUSE OF ASSEMBLY OF THE STATE OF NEW YORK.

The commissioners appointed by the Governor and Senate, under the Act of May 13, 1840, to supervise the different charitable institutions in the First Senate District, respectfully

REPORT:

The great importance of the various public hospitals and charitable institutions which are receiving the fostering care of the Legislature of the State of New York, is acknowledged by every one; and it must be a source of high gratification to the representatives of the people, to find that the liberal endowments bestowed upon these public charities, have been expended in a way best calculated to promote the benevolent intentions of the Legislature. We therefore feel great pleasure on this occasion, in inviting the attention of your honorable body to the present prosperous condition of the institutions placed under the supervision of the commissioners.

The New York Hospital, which has now been incorporated for more than half a century, continues to merit the high reputation it has always enjoyed, for the extent of its usefulness, and the ability and wisdom manifested in the administration of its affairs. This institution is under the management of twenty-six Governors, selected from among our most distinguished citizens, who give their time and services gratuitously. All the subordinate appointments are made by them, and are under their immediate supervision and control. The physicians and surgeons having charge of the medical and surgical patients, are gentlemen distinguished for their ability and high standing in the profession. Their services are gratuitous. They perform with great fidelity the important duties committed to their care.

Since our last annual report, the Governors of the New York Hospital have completed the new edifice or wing connected with that institution. The building is constructed of the best materials, and appears well adapted in the arrangement of the different apartments, for the purpose of a public hospital. We believe it is the intention of the Governors to appropriate a part of this building exclusively for the accommodation of patients from among our own citizens, as well as strangers from abroad, who are abundantly able and willing to pay their own expenses, and who would much prefer the accommodations of such an institution, to any they could obtain in private dwellings or public hospitals. This new building will also afford a better opportunity than has heretofore existed, for classifying patients according to the different diseases with which they may be affected. Although no contagious diseases are admitted, there is nevertheless a manifest impropriety in placing in the same ward, patients affected with different complaints, many of which, it is well known, assume under certain circumstances an infectious character.

The New York Hospital can now accommodatn at all times about three hundred and fifty patients. The average number in the hospital during the last ten months, has been one hundred and eighty-nine. The total number during the same period, including those in the hospital at the commencement of the year, has been eighteen hundred and seventy-three. From this statement it will be perceived that now, since the completion of the new building, there are ample accommodations for about one hundred and sixty additional patients.

All classes of diseases are admitted in the hospital except such as are contagious or are deemed incurable.

The average expense per week, for each patient, including medicine, washing, board, &c., but not including the cost of building and interest on loan, is three dollars and eleven cents. Abut fifty-nine per cent. of the average number being paupers, are admitted free of expense. Seventeen are guarantied to be paid for by the ship owners or consignees at this port, being all those patients who have been less than two years in the country, during which time the ship owners are responsible. Twenty-four are patients who pay their own expenses.

It affords us great pleasure to state, that in all the departments of the New York Hospital, the medical and surgical attendance—the cleanliness of the apartments—and the admirable order and system maintained throughout all branches of the establishment, reflects high honor upon the able and gratuitous labors of the Governors of this valuable institution.

It is, perhaps, to be regretted that the Governors of the New York Hospital, have not at their command, the necessary means for furnishing suitable accommodations apart from the present hospital, for a large number of patients who ought to be provided for, whilst laboring under contagious and incurable diseases. Were they able to accomplish this, in connection with the ample provision for all other maladies, the New York Hospital would present to the world a public charity, unsurpassed in the completeness of its organization, and the fullness and universality of its provisions for all classes of diseases.

The Lunatic Asylum, situated at Bloomingdale, is a branch of the New York Hospital. It is now about twenty years since the Governors completed the extensive buildings at this beautiful place, which is about six miles from the city, for the reception of insane patients, apart from those who are affected with other maladies. The motive for selecting this location, which for beauty of scenery and variety of prospect, is perhaps unsurpassed by any other in our country, was for the purpose of introducing as an auxiliary in the treatment of mental disorders, the influence of moral causes. This was the first public effort in the United States, ever made, to operate upon the human mind, shattered and deranged by the storms and tempests of life, by the soothing and healing influence of mental and moral treatment. The experiment has now been fully and completely tested, and the success of the undertaking, has more than equalled the expectations of its original founders.

The patients at this institution are treated in a way, as far as possible to remove from their minds, all ideas of restraint or confinement, and accustom them to the usual avocations and employments of persons in perfect health. All who are in good bodily health, rise at seven o'clock in the morning, and take their meals at regular hours through the day. In the intervals between meals, they are employed in reading, walking, riding, and other amusements and pleasant occupatiens. In the evening, they either retire to their rooms, or spend their time in the halls or sitting apartments until ten o'clock, in any manner most congenial to their feelings and inclination. They have access to a good library, embracing our best periodicals; and they are also furnished with the daily papers. On the sabbath a large portion of the patients participate in the observance of public worship, which has been found eminently beneficial and useful in restoring the mind to its healthy action. These amusements and agreeable employments, happily blended with suitable medical treatment, has been attended with the most cheering results.

From an examination of the account of the admissions and recoveries in the Bloomingdale Asylums, from the opening of the institution in 1821 to 1841, amounting to 2496, we find the recoveries among the males have been about fifty per cent., whilst among the females it has been about thirty-eight per cent.—showing apparently the greater curability of males than females among those who have been treated at this institution.

From a full examination of the asylum, in all its departments, we can with great confidence bear testimony to its eminent usefulness, and assure the Legislature that the annual appropriations are wisely expended, in furthering the benevolent objects of this institution.

The amount of hospital money received by the Commissioners of Health, from the 15th of March to the 1st of November, 1841, including the amount under protest, and deposited on interest in the Life and Trust Company, is fifty-three thousand five hundred and thirty-six dollars and forty-eight cents. This is about six thousand dollars less than was received last year during the same time. The diminution of the receipts has arisen in consequence of a decrease of emigration within the past year. The number of emigrants, from whom the hospital money is principally collected, necessarily varies every year, according as the facilities, or inducements held out to foreigners, change from one period to another. The expenditures during the same period has been thirty-six thousand two hundred and eighty-three dollars and ninety-six cents. Of this sum there was paid to the

House of Refuge	$ 6,000 00
Wharf Repairs	6,234 89
Hospital Expenses	15,604 99
Purchase Buildings	300 00
Quarantine and Health Branch in the city	8,144 08
	$36,283 96

Which being deducted from the gross amount collected by the Health Commissioners, leaves a balance of seventeen thousand two hundred and fifty-two dollars and fifty-two cents. Should the receipts for the remainder of the year be the same as last year, there will be a surplus of twenty-two thousand one hundred and sixty-three dollars and thirty-nine cents.

The Commissioners of Health have during the last year, expended for wharf repairs, six thousand two hundred and thirty-four dollars and eighty-nine cents. The principal part of this expense has arisen from filling in the bulkhead, immediately in front of the Marine Hospital. We consider this a valuable and necessary improvement. The old bulkhead approached very near the hospital, and was a common reservoir for all the floating and corruptible materials collecting about the harbor. The decomposition of these foreign bodies, frequently created a deleterious atmosphere, highly injurious to the patients in the Marine Hospital.

The number of patients received at the Marine Hospital from November of last year to the 1st of November, 1841, was 1050, who were treated for a period equal to 3002 weeks and four days. The average expense of each patient per week, is four dollars and twenty-one cents. This is exclusive of medical attendance.

In the medical organization of the Marine Hospital, and the fidelity of the other attendants upon the sick, we believe the fullest regard is paid to the benevolent objects of the institution in all its departments.

The Seamen's Fund and Retreat, which was founded for the support and treatment of sick and disabled seamen arriving at this port, has been conducted during the past year in a manner highly creditable to the trustees and other officers of that institution. After a full examination of all their receipts and expenditures, we are satisfied that every thing has been done for the accommodation and alleviation of the sufferings of the inmates of that establishment, and also to effect a faithful and economical administration of its affairs.

The great importance of an institution of this kind, situated in the great commercial port of the United States, where friendless mariners from all parts of the world are constantly arriving, and where, by the payment of a small sum, they can enjoy all the comforts of a home, is too manifest to require illustration. As New York is the great centre, where thousands of seamen are constantly arriving from every State in the Union, it would seem no more than right and proper, that the Federal or State Government should in some way participate in the maintenance of this institution.

The amount of money received by the hospital, from the 1st of January to the 31st of October, 1841, was twenty-three thousand three hundred and fifty-eight dollars and eighty-one cents, which added to the balance remaining on the 1st of January, 1841, being two hundred and ninety-eight dollars and seventy-one cents, makes the total amount of twenty-three thousand six hundred and fifty-six dollars and eighty-five cents. There was expended, within the same period, twenty thousand one hundred and seventy-three dollars and sixty-three cents.

Since our last annual report, the trustees have made a new arrangement in the medical organization of the hospital. The principal physician now resides in the house, and is always ready on every emergency to attend upon the patients of the institution. For many years the principal physician was allowed to reside a considerable distance from the hospital, and frequently was not in attendance when his services were most needed.

The trustees of the State Hospital in the city of New York, have received a grant of land from the Corporation of this city, for the location of the hospital, estimated to be worth about $50,000. After a careful examination of the location, the trustees were of the opinion that it was rather too remote from the city. They are, therefore, now engaged in effecting an exchange of the ground originally granted, for a situation considerably nearer the city, and deemed better adapted for a public hospital. As soon as they effect this negociation, they will commence erecting suitable buildings for the reception of patients.

The trustees have wisely determined to make this institution the great asylum for the reception of emigrant patients who have contributed to the fund, from which the appropriations are principally derived for its establishment. In this determination, we are of the opinion the trustees have been governed by a just estimation of the great importance of such an institution, to the unfortunate emigrants who are constantly arriving in New York, as well as from a conviction that the sums of money collected from these people, on their arrival at our port, under the name of 'Hospital Money,' ought not, under any circumstances, be directed to objects disconnected with the welfare of the contributors.

The New York Eye Infirmary was founded in 1820. It is under the control of a Board of Directors, and is regularly attended by four eminent surgeons, who give their services gratuitously. Since the establishment of this institution, more than twenty thousand patients have been treated at the infirmary, for almost every variety of disease of the eye and ear. Perhaps no similar institution in this country has been productive of greater benefit to the public.

The small sum appropriated by the Legislature for this institution, has been productive of immense benefit to the afflicted, thousands of whom without the assistance and able treatment they have received at this infirmary, would have become helpless paupers, and consequently dependant upon public charity for support. So that if we view the small annuity granted by the Legislature, only with a cold and heartless reference to pecuniary considerations, we should find a great saving to the public treasure: but when considered in a different light, and we behold the thousands who probably have been saved from total blindness,—that worst of all human afflictions—and made useful members of society, we cannot but feel, that with reference to a benevolent charity, the Legislature has ample reasons for continuing its fostering aid to this most useful institution.

PHILIP HONE,
THOMAS O'CONNER,
WILLIAM W. FOX,
JOHN S. BOWRON,
SIMEON DRAPER, Jr.
Commissioners.

Surgeon General's Report.

The number of cases of sickness which have been under treatment by the medical officers of the army, and private phycisians employed in the service of the United States, during the year ending the 30th of September, was 38,559; 37,499 of which occurred within the year, 1,060 being cases that remained the preceding year.

Of the whole number of persons reported sick, 36,374 have been restored to duty; 320 have been discharged the service; 30 have deserted; and 387 have died.

From the quarterly reports made to this office by the medical officers, the mean strength of the army for the last year is estimated at 9,748; and as the number reported sick during this period was 38,559, it will appear that the proportion of cases to the number of men in service, was nearly as 4 to 1, or 396 per cent. The aggregate of deaths was 387, exhibiting a ratio of mortality to the number of men of 1 to 25 1-5, or nearly 4 per cent., and the proportion of deaths to the number of cases treated, of 1 to 99 2-3, or a fraction over 1 per cent.

Besides the diseases incident to the climate and the service in Florida, the epidemic fever, which has proved so fatal at the south during the past season, has also prevailed among the troops serving in that Territory. The average strength of the army in Florida during the year, being about 4,738, the number of cases of sickness amounted to 21,027, exhibiting a proportion of cases to the number of officers and men of nearly 4 1-2 to 1, or 443 per cent. The deaths being 254, presents a ratio of mortality to the number of men of 1 to 18 2-3, or 5 1-4 per cent.; and the proportion of deaths to the number of cases treated, of 1 to 82 3-4, or 1 1-6 per cent.

Maine State Lunatic Asylum.

The expenses of the hospital last year, for provisions, fuel, lights, improvements, medical supplies, &c., amounted to $9,928 69. Economy appears to be practised in all departments, and yet every thing necessary or even remotely conducive to the comfort of the patients is generously provided. According to Dr. Ray's report, the whole number of patients in the course of 1841, was 133. The greatest number at any one time was 70; and the smallest at any period, 28. There were 2 deaths by consumpton; 2 by apoplexy; 1 by diarrhœa; and 1 from exhaustion, produced by profuse bleeding before admission.

Dr. Stevens's First Lecture

on Diseases of the Rectum, will appear in our next.

To Correspondents.

The wish of "Medicus" respecting the publication of a series of Lectures on Physiology and Comparative Anatomy, will be gratified in the natural course of arrangements made on the establishment of the *Lancet.*

We will be happy to hear from "A Friend in Albany."

The communication of a friend in Illinois was answered immediately on its receipt.

"W. H." is informed that the *Lancet* contains treble the amount of matter in any of the journals to which he alludes.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, from the 22d to the 29th day of January, 1842.

49 Men, 39 Women, 52 Boys, 55 Girls. Total, 195.

DISEASES.

Apoplexy	1	Insanity	0
Asthma	1	Intemperance	0
Asphyxia	1	Inflammation	0
Abscess	1	Of liver	0
Bleeding	1	Of bladder	0
Bleeding from stomach	0	Of brain	7
Bleeding from lungs	1	Of stomach	0
Burned or scalded	2	Of chest	10
Casualties	1	Of lungs	20
Cholera infantum	0	Of bowels	4
Cholera morbus	0	Of throat	3
Cancer	0	Of womb	0
Colic	0	Killed or murdered	1
Consumption	32	Locked-jaw	0
Convulsions	10	Lues Venera	0
Croup or hives	5	Mortification	1
Debility	0	Malformation	1
Delirium tremens	4	Marasmus	8
Diabetes	0	Measles	2
Diarrhœa	1	Old age	0
Death from poison	0	Organic disease of heart	4
Dropsy	4	Palsy	5
Dropsy in head	14	Purpura	0
Dropsy in the chest	2	Rheumatism	0
Drowned	1	Spinal disease	0
Dysentery	2	Suicide	0
Erysipelas	4	Sprue	0
Epilepsy	0	Small-pox	11
Fever	3	Scrofula	4
Scarlet	12	Teething	1
Typhoid	7	Tumor	0
Puerperal	1	Unknown	5
Remittent	1	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	10
Gravel	0	Worms	0

AGES.

Of 1 year and under, 43; between 1 and 2, 20; 2 and 5, 31; 5 and 10, 7; 10 and 20, 13; 20 and 30, 30; 30 and 40, 25; 40 and 50, 12; 50 and 60, 6; 60 and 70, 4; 70 and 80, 3; 80 and 90, 1; 90 and 100, 0; 100 and upwards, 0; unknown, 0.

William A. Walters, City Inspector.

City Inspector's Office, Jan. 29, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, FEBRUARY 12, 1842. No. 7.

REVIEW DEPARTMENT.

Professor Mott's Lectures on Surgery.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

SESSION 1841–2.

Lecture XIX.

DIVISION OF THE NERVE IN TIC DOLOREUX.

In commencing this lecture the Professor very properly remarked, that in reply to the questions put to them by their patients in this case, medical men should state that the operation of dividing the nerve would give temporary relief, but that it afforded no security against the return of the disease. Neither was it to be expected that *immediate* relief would follow the operation. The highly-colored descriptions of some surgical writers, and especially those of the justly celebrated JOHN BELL, were calculated to mislead on this point. A week or ten days, at least, must elapse before the full benefit of the operation would be manifested. The Professor expressed his opinion that the cause of immediate relief not being felt, was owing to the influence of habit—the patient had been so accustomed to the pain and to refer it to the particular nerve, that he could not realize the fact that the morbid sensibility was for the time removed, just as often after amputation the patient complains of pain, which he persists in referring to the fingers or toes which may have been removed. A 'phymosis knife,' or a bistoury with a sharper than ordinary point, was best adapted for this operation. It was of great importance to divide the trunk of the nerve, if possible, and the knife was not to be withdrawn until there was evidence of loss of sensibility in the parts of the face supplied by the nerve. The knife was to be passed in several directions prior to its withdrawal, so as to divide the nerve in half a dozen places, and so render its reunion as remote and difficult as possible. The bleeding would sometimes be quite considerable, but it generally did not call for any means of stopping it. A considerable thrombus would form after the operation, but that was of no consequence. The Professor then described the operation on the infra-orbital nerve, as it passes out at the infra-orbital foramen. The knife was to be introduced about one-third of an inch below the verge of the orbit. The nerve would often be distinctly felt by the operator on his pressing the point of his finger over the instrument beneath the skin. The operation for the division of the first branch of the fifth pair was a little more difficult than the one described. This nerve might be divided either after it emerges from the superciliary notch or within the orbit. "I have often cut it within the orbit," said the Professor, "but I would not by any means advise you to do so." (!) The situation of the mental nerve was easily ascertained by recollecting that its foramen was directly opposite the root of the first of the bicuspidati. In this case great care was to be taken, especially in old subjects, lest the knife should be passed through the integuments. The three foramina were exactly in a line, and if the situation of any one of them was ascertained, the others were of course at once discovered. It was an interesting question how long the interval of relief was likely to be after the operation. On this point the Professor said he had some curious information, which was not possessed by any other person. If "performed in a fresh case," the disease would probably not return for three or four months. But every repetition of the operation would be followed by a shorter period of relief. That was a curious fact, which the Professor had learned from "an immensity of experience." The Professor had operated on "the same nerve from fifteen to twenty times, which probably had not fallen to the lot of many men to do." In every instance the relief was diminished in duration in proportion to the frequency of the operation, till at last it would only continue a few days. "That is a piece of information," said the Professor, "which I flatter myself you derive solely from me." (Applause.) Very little is known respecting the pathology of idiopathic neuralgia. Sir Charles Bell describes, in the Transactions of the Medico-Chirurgical Society, a certain condition of the neuroloma of the nerve, which he represents as peculiar in these cases. The Professor had not had an opportunity of testing the accuracy of this opinion. All that was known was that the nerve was found a little enlarged and its neuroloma somewhat thickened. The Professor then proceeded to speak of

SYMPTOMATIC NEURALGIA.

Neuralgia frequently manifests itself as a symptom of a morbid condition of an organ or part of the body remote from the point where the neuralgiac pain is felt. Diseases of the digestive organs and of the spinal marrow, for example, were often accompanied by symptomatic neuralgia. The students were referred to JOLLIE's work on this subject, and reference was made to a case related by that writer, in which the symptoms simulated those of inflammation of all the abdominal viscera, and which was finally cured by the exhibition of opium and quinine. M'CULLOUGH's work was also recommended.

TRAUMATIC NEURALGIA.

By this, the Professor said, he meant that affection which frequently results from a wound or injury of a nerve. He had known the most terrible traumatic neuralgia result from the encroachment of an exostosis. The presence of an indurated tumor sometimes produced the same effect. The Professor had had two curious cases, which he related to the class.

CASE I.—This was the case of a young lady from Massachusetts. The neuralgia followed venesection, and was so violent that the touch of the lightest garment on the cicatrix produced the most acute pain. The young lady's health had become much impaired, and the Professor, after examination, informed her that she could be relieved only by an operation. She consented to submit to this, and the Professor accordingly exsected the cicatrix, in which he found a delicate nervous fibrilla. The young lady never had any return of her distressing disease.

CASE II.—This was a similar case occurring in the practice of a skilful physician in the village of Greenwich, the patient being also a young woman. It was treated precisely in the same way, and with similar results.

Traumatic neuralgia occurs under many other circumstances, and in various parts of the body. A very remarkable case came under the notice of the Professor some years ago, and he mentioned it to the class for the purpose of showing them the importance of minute acquaintance with relative anatomy, as well as to illustrate the nature of the affection of which he was speaking. This was the case of a young lady, who came from a distant State to consult the Professor respecting a terrible neuralgiac affection of the sole of her foot, which followed a lacerated wound made by a piece of broken bottle. Her health had became much impaired. Caustics had been used and various local applications, but all without effect. The Professor recommended the immediate performance of an operation, and the young lady consented. Previous to the operation, the Professor asked the late Dr. Post, who had then taught anatomy for many years, what was the relative situation of the posterior tibial nerve with respect to the tendo Achilles and the artery. The doctor thought for a moment, and then said that he really could not tell precisely. The Professor was himself obliged to resort to the dissecting room for an answer. The Professor related a number of cases of a similar description to those already adverted to, and in some of which relief was obtained by the removal of the cicatrix, or a portion of the affected nerve. In others, however, the operation was unavailing.

Professor Revere's Lectures on Inflammation of the Medulla Spinalis.

DELIVERED IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.—SESSION 1841–42.

[REPORTED BY THE EDITOR.]

Lecture IV.

The rectum is the only portion of the intestinal canal that receives branches of nerves directly from the spinal nerves, without previously interlacing with filaments of the great sympathetic. Filaments may be distinctly traced passing from the sacral plexus to the rectum. All the other parts of the alimentary canal derive their nervous energy from the great sympathetic. As this part, the rectum, derives its nervous energy directly from the nerves of sensibility and voluntary motion, (a point only of late adverted to,) it affords a ready explanation of many well known and important physiological and pathological facts. The attention of the profession has of late been directed to this subject by Dr. O'Beirne, of Dublin, in a most original and interesting work just published by him, (1833.) on 'The Process of Defecation.' If it were necessary to look for further confirmation respecting the practical importance of the views thus taken of the functions of the nerves of animal and organic life, and the discoveries of Sir Charles Bell, as connected with the doctrine of spinal irritation, nothing could be more apposite than the work of Dr. O'Beirne. It has been noticed from time immemorial, that injuries and diseases of the spinal column, even though they may not affect materially the functions of the other portions of the alimentary canal, are invariably followed, either with loss of sensibility and consequently obstinate constipation, or with paralysis of the rectum and an involuntary discharge of the fæces, and greater or less derangement in the functions of the urinary bladder, uterus and vagina, which also derive their nerves directly from the medulla spinalis. As is justly observed by Dr. O'Beirne, these nervous relations also satisfactorily explain the well known sympathetic consequences of diseases of these organs, as well as of the effects of various remedies directly applied to the rectum—e. g. leeches, and anodyne enemata and suppositories, which often much more promptly relieve pain and other diseases of these parts when directly applied to the rectum, than if taken by the mouth. Dr. O'Beirne has alleged these nervous relations of the rectum, together with a number of other anatomical, physiological, and pathological facts, and interesting and remarkable cases in support of certain new and original views conceived by him, respecting the functions of the colon and rectum. The heretofore generally acknowledged doctrine is, that the fæcal matter passes freely from the large intestines through the sigmoid flexure of the colon into the rectum; and that it remains there until it has accumulated in such quantity as to stimulate this portion of the canal to contract, and thus lead to the process of defecation or expulsion of the fæces. Now this is not admitted by Dr. O'Beirne. But, according to his views, the rectum, which is surrounded by a strong muscular coat, in addition to the sphincter ani at the lower part, is in a state of contraction so as to be nearly obliterated through its whole length for the greater part of the time, and without any accumulation of fæces until the period arrives for its discharge. The only exception to this is a small pouch at its upper part, capable of containing about two ounces. He maintains that the fæces are retained in the cœcum and colon by a stricture or contraction of the lower part of the sigmoid flexure of the colon, just where it joins the rectum. This stricture or contraction only exists during life; it is not pretended that this is discoverable in the dead body, nor that there is any annulus or ring of muscular fibres constituting a sphincter, or other anatomical arrangement which indicates the existence of a stricture at this part of the sigmoid flexure of the colon. But, nevertheless, Dr. O'Beirne has presented a number of striking and interesting facts, some of which are sufficiently notorious and universally admitted, which go far to show the existence of such a stricture of the sigmoid flexure of the colon during life. This may be inferred from the following well known facts:—1st. The little inconvenience usually felt in the functions of the pelvic viscera, compared with what might be expected, when distended with the quantity of fæcal matter often evacuated at a single discharge. 2d. In giving an enema, however carefully the instrument is introduced and appropriately fitted up, we find that the fluid encounters a resistance which cannot be satisfactorily explained, except by supposing the parts beyond it being in a state of contraction. Often this contraction is so great, that however adroitly administered in the usual way, as every practitioner is well aware, it is all rapidly returned per anum, without having penetrated to the colon. The patient, from his sensations, is also conscious of this contracted state of the intestine, and of the resistance it offers to the passage of the enema. Another well known fact of the generally contracted state of the rectum, and its incapacity to contain any quantity, is that in giving anodyne and other bland injections, the rectum will not retain them if they exceed in quantity an ounce or two. 3d. A third fact strongly corroborative of the opinion of Dr. O'Beirne, that the rectum in its natural state does not contain fæces, is the well known fact observed by surgeons, that in passing the finger up the rectum in fistula *in ano* and various other surgical operations, the bowel is rarely found to contain any considerable portion of feculent matter; nor do we often find the pipe of the syringe soiled with fæces in giving enemater. A number of other circumstances are alleged by Dr. O'Beirne, which are entitled to consideration in support of his views, but those above alleged are universally known and admitted. He has also made a number of direct experiments to prove the existence of a stricture during life, in the lower part of the sigmoid flexure of the colon, by which the fæces are prevented from passing into the rectum until the period of defecation has arrived. These have consisted in examining a number of persons in health *per anum*, at different times in the day, and passing up the rectum a stomach tube. As far as the finger could reach, he did not find any considerable quantity of fæces in the rectum. When the stomach tube was introduced to the height of two and an half inches, neither flatus nor fæces escaped; here the instrument entered the pouch of the rectum and moved freely. On attempting to push the instrument above the pouch to the height of seven or eight inches, it encountered a manifest resistance at its point as if grasped by the intestine. When it reached the upper part of the rectum, the resistance was still more marked, and at last suddenly gave way as if it had passed through a ring, and could be then freely moved. As soon as the resistance was passed, a discharge of flatus and fæces took place through the tube. In some instances no discharge of flatus or fæces took place, but on withdrawing the instrument, from its appearance it was found to have been plunged in solid fæces In a great number of experiments the uniformity of these results strengthen materially the views of Dr. O'Beirne. The obvious practical inference derivable from these views are, *First:* in affections of the rectum and other pelvic viscera, to regard the state of the medulla spinalis. *Second:* in our attempts to relieve those diseases which are complicated with constipation of the bowels, not to be satisfied with exhibiting enemata with the common syringe, but shall occasionally derive great advantage by employing a much longer tube. Obstinate and sometimes uncontrollable constipation constitutes the predominant and often most difficult symptom in some of the most common and fatal diseases to which mankind are exposed. This is especially the case in colic, enteritis, dysentery, tetanus, and other diseases, in which all the known methods heretofore used were found quite inefficacious in overcoming this most distressing and often fatal symptom. His remarkable success in the treatment of traumatic tetanus has been long known, and his professional friends, it appears, have been for a considerable time expecting from him a treatise on this subject, which he promises shall be soon given to the world. It was in the treatment of this disease, about nine years since, as he informs us, that his attention was first directed to these peculiar views respecting the process of defecation. Since that time he has devoted himself unremittingly to the investigation of the subject, assisted also by many intelligent professional friends. A number of very interesting cases are related by Dr. O'Beirne, illustrative of the views above described, and which appear to show incontestibly the superior efficacy of this gentleman's method of overcoming obstinate constipation, to any method at present commonly employed. I cannot enter more fully into this gentleman's views at present, but shall give you one of the most interesting cases related by him, which at once illustrates his mode of treating obstinate constipation, and the peculiar characters of spinal inflammation, the disease which we are at present investigating. The case is that of a young woman 19 years of age, who in the month of June, 1830, first perceived an uneasiness in the back, which she attributed to the pressure of her corsets. Soon after this she began to suffer pains darting from the region of the stomach towards the sixth, seventh, and eighth dorsal vertebræ; after eating especially. The pains were so severe, particularly after eating animal food, that she was induced often to abstain from all food, or to restrict herself to a small slice of bread. In the course of the month of August, the bowels began to grow costive. In September, the darting pains from the stomach to the spine had diminished, but the constipation had greatly increased, and she now vomited every thing she ate or drank in the course of a few minutes after it was taken. She took a great variety of medicines and the most active cathartic enemata, but seldom succeeded in obtaining free feculent discharges. Early in the month of December, the constipation was absolute, so that it was impossible even for flatus to pass. At this time the patient was attacked with distressing spasms of nearly all the voluntary muscles; a burning sensation about the stomach; a general sense of coldness, with extreme pain, which caused her to scream when she took any cold drink. She still continued literally to vomit every thing she ate or drank, and the bowels immoveably costive, notwithstanding every attempt to procure cathartic effects. She was under the hands of a number of respectable practitioners, and a great variety of remedies were employed without obtaining the slightest relief. She took two ounces of fluid mercury among other things, which caused salivation, but caused no cathartic operation nor afforded any relief, and at last oozed away unconsciously. She placed herself under the care of Dr. O'Beirne on the 21st of May, 1831, just about one year from the commencement of her disease. She assured him in the presence of her mother, an intelligent and respectable person, and after the most scrupulous inquiries he was satisfied they were fully entitled to be believed, that she had not had a stool, nor even passed flatus *per anum*, since early in the preceding December—about six months. She complained of constant watchfulness, not being able to procure sleep even by artificial means. The only food she could take, or had taken for months, was a table spoonful of milk and lime water, taken frequently in the day, but immediately vomited up. She was very weak, but could walk with assistance; and though thin, not so emaciated as might have been expected. No fullness or tenderness on pressure was found in any part of the abdomen; the pulse was weak but regular; the tongue covered with a cream colored fur; the menstruation regular as to periods and quantity, but very painful. Dr. O'Beirne undertook the case, as he assures us, with great confidence, arising from his previous success in the treatment of the worst cases of constipation, which he then regarded as constituting the predominant feature of the case. He prepared an injection consisting of Worm Water, one pint; Tinct. Assafœtida, two drachms; Olive Oil, two ounces; Sulph. Magnes., two ounces; Ol. Terebinth, one ounce. These substances were carefully mingled and prepared; the patient being placed in bed on her left side, a gum elastic tube was introduced with some difficulty to the heighth of nine or ten inches. As no flatus escaped, the tube was withdrawn, and its end found filled with solid fæces. The instrument was again introduced, and the whole of the injection thrown up. In less than two minutes after the instrument was removed, he says she passed the most enormous stool he had ever seen. This afforded great relief, but was followed by excessive weakness, which was much relieved by passing a calico bandage tightly around the abdomen. But though the difficulty of the constipation was thus overcome, and the bowels were subsequently easily controlled by purgative medicine, yet upon the whole the patient had not gained. All the other distressing symptoms were scarcely at all relieved. Indeed Dr. O'Beirne acknowledges that in the middle of September, four months after he had succeeded in relieving the constipation, her situation was worse than when he at first saw her. Attention was now directed to the spine, and after the continued employment of counter-irritation, this distressing and obstinate case was completely cured, and the patient has ever since enjoyed perfect health.

A Course of Lectures on Diseases of the Rectum and Lithotomy.

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS,
CROSBY STREET, NEW YORK.

BY ALEXANDER H. STEVENS, M. D.,

Emeritus Professor of Surgery in the College of Physicians and Surgeons, New York.

[REPORTED BY THE EDITOR.]

[Some expressions in these discourses, we were, at first, strongly inclined to omit, and others we would have wished to alter, but we finally resolved to give them in all their native purity; and intend hereafter, to present before the public every lecturer whom we may choose to report, in the precise aspect he himself thinks proper to assume.]

Lecture I.

Gentlemen:—When I was a young man my preceptor put into my hands the "Elements of Medicine," by John Brown, who was, as you know, a pupil of Cullen. The first sentence was to this effect:—"Health is the easy and exact use of all the functions." Now, taking the converse of that, we may perhaps come to the true mode of studying disease, by inquiring into the functions of each organ of the body and examining the manner in which the exercise of these functions is liable to be deranged. And in order to understand how these functions are performed, and how they may be deranged, it is necessary to go back to the foundation of all just medical knowledge—the anatomy of the living body. In old times the physicians used to joke with the surgeons, to undervalue them, and call them the practitioners of 'an art,' reserving to themselves the exclusive title of scientific men. Now, if it were fair, we might very easily retort upon the physicians, and say that we, the surgeons, are the scientific men, and that the physicians are in fact the artisans; they often practice in the dark, and necessarily so, not being able to lay a scientific foundation for their pathology in many cases, as we can do in the plainer and simpler matters of surgery. I propose, gentlemen, at the present time to speak of

DISEASES OF THE RECTUM,

and in the first place I shall endeavor to recal to your mind some circumstances connected with the anatomy and functions of that organ. The 'rectum,' you know, should be straight, according to its name—but you know, also, that it is not so; on the contrary, it reposes upon the concavity of the sacrum, extending from its superior portion down to the coccyx, and following its concavity. The use of the rectum, I take to be, a temporary deposite (depository) for the feculent matter, immediately preceding its discharge. Some medical men, who choose to discuss matters without inquiring into or going to matters of fact, to settle them, have undertaken to say that the rectum never contained feculent matter, and, on the other hand, that it was always full, both of which views being equally erroneous. Any one who has practised midwifery must have had some unpleasant evidence that the rectum occasionally contains 'feculent' matter; while those on the other hand, who are in the habit of introducing the finger into the gut, frequently find it empty. The truth, I believe, is, that as soon as the feculent matter arrives in the rectum, we feel as if we could discharge it, but can control the desire until a convenient opportunity. If there were no rectum, the matter would come away without warning, or on such short notice as would be very unpleasant. Let us see how the matter is discharged after it gets there. I give my own views of this; I am not certain that they are orthodox, but I do not think the matter capable of absolute demonstration one way or the other. [The lecturer here demonstrated the anatomical relations of the rectum.] A portion of feculent matter coming down from the colon enters the rectum, the circular fibres immediately above are in contact with the upper part of the matter, which is embraced by them; though hugged by the circular folds of the rectum, the longitudinal folds draw it down the whole extent of their contraction. Once drawn down, the circular folds relax, the membranes slip up again, and the same process is repeated until finally the matter comes to the sphincter ani and is rejected. The mode in which that discharge is aided by the contraction of the abdominal muscles, and the position in which every one places himself, is familiarly known. There is a little contrivance which goes still further to aid the expulsion of the fæces. Some of the longitudinal fibres of the rectum, on each side of the rectum, come down and then turn up again in the way that I show you with my finger, and are inserted in the mucous membrane; so that the feculent matter in coming down has not to encounter the friction, if I may so speak, of the mucous membrane, it being pushed down to a certain extent itself.

Such being the means by which the rectum is supported, and such the mode in which the fæces are discharged in a state of health, let us inquire in the next place by what means a portion of the membranes of the rectum, or the whole of them, may be protruded—how the depressing forces may overcome those by which it is supported so as to produce either an eversion of the mucous membrane or a prolapsus of the whole body. Suppose a person is suffering from any cause which induces a constant contraction of the abdominal muscles—a constant tenesmus;—suppose he had worms in the rectum—or an hœmorrhoidal affection—or a dysentery—or was subjected to any of the various influences which produce the constant contraction. What is the consequence? The mucous membrane is dragged down by the descent of the feculent matter, and by the contraction of those folds of longitudinal fibres which are inserted into it in the act of defecation, and by the frequent repetition of this process, at length a portion of mucous membrane is protruded beyond the sphincter, which contracts on it and prevents the return of the venous blood. The part then enlarges, and from this enlargement its return becomes more difficult; finally inflammation and effusion takes place within the tissue. It becomes indurated. At length ulceration may ensue, or from the obstruction to the return of venous blood, hæmorrhage may take place from the mucous surfaces. Thus you see the chain of causes going on to produce the enormous protrusions sometimes met with in practice. I have now explained how the mucous membrane may come down; let me now tell you how the whole intestine may protrude. Let me illustrate this by reference to a common case. A child is placed on the stool, and is allowed to remain there perhaps for an hour. Nurses very often have done so to keep the little 'uns out of mischief—(a laugh)—or perhaps the child has got ascarides in its rectum, or it has a dysentery; and the irritation on the one hand and the relaxation on the other, favored by the position which the child takes in the act of defecation, produce a protrusion of the bowels, which is with difficulty returned, only to be again protruded, and thus a foundation is laid for the constant recurrence of the difficulty. Again, it may occur in old age. The muscular structure and the mucous tissue in this case has become weakened and relaxed, and a bulging of the rectum is the natural consequence. The prolapsus assumes different forms, according to the part protruded. A droll horse-jockey once told me that he could tell the age of a horse by inspecting the animal's fundament! (A laugh.) "How?" I asked. "Why," replied he, "the older he is the farther it is out!" And the fact is, gentlemen, that if you study the physiognomy of fundaments, you will find that every age has its characteristic aspect! (Loud laughter.)

Here is a rough diagram of the protrusion in young subjects.——Here again is a sketch of the appearance presented in the cases of old subjects.

Pathologists have discussed very fiercely the question, whether the whole of the mucous membrane ever comes down. I have given you what I believe to be the truth. Mr. Mayo says, that if you consider the intimate adhesion of the coats of the rectum, you cannot but conclude that one cannot come down without the other. Dupuytren, on the other hand, maintains that the mucous coat comes down, the other never. I think it is easy to show that both opinions are wrong. I dare say you have all heard of a foot of the colon coming down. I have seen two or three cases of that. I have seen the colon in this way slough, and the patient get well. In these cases the whole of the colon must have come down—why not then the whole of the rectum? Again, you find the disease occur very suddenly in children, entirely different from the protrusion of hœmorrhoidal disease, in which case it occurs gradually. In the latter case it is the mucous coat alone that protrudes; in the protrusion of infants it is the entire organ. The protrusion of all the membranes is exceedingly rare in adults. I have seen but two instances, and of one of them I had a drawing made. This was the case of a very estimable gentleman, who had the disease for twenty-seven years. The protrusion was about the size of a goose-egg, with a small aperture in the centre. It gave him a great deal of trouble, though it did not seriously impair his health. The only way he evacuated the fæces was by pushing his finger into the gut and stirring it round. I operated in this case, and satisfied myself that the muscular fibres were protruded. This gentleman had previously been operated on in Dupuytren's mode, which consists in cutting out radiated folds, perhaps an inch long and half an inch broad, extending half way within the anus, and then leaving the parts to contract, as you know they will very readily. This failed in this case, as I would have known beforehand. Where you have a protrusion in which no great disorganization has taken place, by simply returning it and preventing strangulation, the part may return to its natural condition; but when the protrusion has existed for a great length of time, and the part becomes solidified by injection of lymph, attempts of that kind are vain, and by doing so you only make the anus smaller, and have an indurated, disorganized mass, above and within the upper part of the sphincter, so that the patient feels all the time as if he had an apple in his backside—(a laugh)—and strains down on it, and it becomes larger and more difficult than ever to get back. Well, in this case, I pinched up the fold of mucous membrane with a broad forceps, and tied them very gently. I find if I tie them tight they cut right off, and bleed so furiously from the congested state of the veins. I therefore gently tied a great many portions of the membrane, varying in size from a shilling to a sixpence, and then cutting the ligatures, pushed the whole back. I gave the patient an opiate to quiet his bowels and prevent any evacuation of the rectum soon after the operation. This gentleman, after ten days' confinement in his room, went out cured.

There is scarcely any infirmity of the human body which entails more suffering than *prolapsus ani*, especially as connected with piles. The descriptions which this class of patients give of their sufferings are indeed awful. Severe as is the operation, many patients have told me that they would rather undergo it twice a day than suffer the pain which arises from the disease. The quantity of blood lost in such cases is enormous. I remember I was consulted in the case of a gentleman who had a *prolapsus ani*, which he compared to a large tomato; and whilst we were in the room he retired to another apartment, and asked us to listen. We did so—and on his return he inquired if we had heard the blood? To be sure we did!—it sounded as if coming from a garden watering-pot. He said that he lost that much every day. Now, of course, a patient cannot lose such quantities of blood without suffering greatly in health. His countenance assumes a waxy hue—his body becomes emaciated—he has palpitations of the heart—vertigo—is reduced to a state of great debility, and life is rendered miserable. I will read you a graphic description which a patient who had suffered in this way for seventeen years gave me of his sufferings. [We omit this letter.]

Among the means used for the relief of this complaint, scarification has been resorted to. A professional gentleman from the South once applied to me under the following circumstances:—He had been obliged to relinquish a very extensive practice, and was confined to his room, frequently suffering from excessive hæmorrhage. Whilst in this state he was consulted by a lady, similarly affected, and he sent her to me. I scarified the protruded tumors, and followed this operation up with appropriate treatment, under which the lady got quite well. On her return home her physician wrote me that he believed he would try my hand himself, and I replied that I would be very happy to cure him. For, gentlemen, it is just as easy for a surgeon to cure these things as it is for a tailor to fit a man with a coat—to be sure there are misfits sometimes, but that's the fault of the tailor. (A laugh.) Well, this physician, who probably weighed about two hundred and fifty (pounds), came on here, and I operated on him, and in two or three weeks he was able to go to Boston. He returned to take his leave of me. He was a man of warm Southern feelings, and being withal a very large man, he came to thank me, and in fact he was going to kiss me, but he fortunately happened to be accompanied by his daughter, a devilish pretty girl, so I escaped the infliction by transferring the kiss to her! (Loud laughter.) After the cure of such a case as that, nothing is more important than that the patient should regulate his diet. You must diminish the quantity of ingesta. My plan is this:—I direct the patient to take three or four grains of ipecacuanha an hour before dinner, and then he sits down

> "With what appetite he may!"

The best diet in these cases is composed of roasted apples, cranberries, oranges, and vegetables, avoiding animal food. It takes three or four years before the constitution fairly recovers its tone.

VARIOUS OPERATIONS.

The first in order is that of Hey. It consists in removing a concentric portion of the integuments around the anus, either the whole or part of the ring, just at the verge of the anus. This operation had been nearly forgotten, when Dupuytren invented a much simpler and effectual one by removing the radiated folds, and this was all the run nine or ten years ago. Young men who went to Paris came back full of it, and went to work in all directions on the rectum. But the fact is, it bungs up the touchhole! (a laugh,) and in many cases every vestige of wrinkle disappeared, and the backside looked exactly like a side of pork, with a gimblet hole in it! (A laugh.) But still this operation is good when properly done, and it is perfectly effectual in making the anus as small as you please. Besides this operation there are various others for the removal of the mass, but first let me tell you when the mass is to be removed, and when returned. When the mass is hard, remove it—when there are hæmorrhoids in it, remove it: when merely œdematous, let it alone—push it up, and make the anus small enough to keep it up. That is the practice. If a part is to be removed, how is it best to be done? Is it to be cut off, or tied, or burned? As to burning, it is no doubt very effectual, but it is terrific practice, both in thought and reality, and it is not to be considered correct practice—at any rate not with considering. The question then lies between ligature and the knife. When may you use the knife safely—I mean without fear of hæmorrhage? No man has practised long without having heard of fatal cases occurring in this way. I remember when 'the boys' (a laugh) used to dispute whether the piles should be cut off or tied. But the truth is some may be tied and some not, and some may be cut and some not. My rule is this:—If a pile, or a tumor of any kind about the verge of the anus, be covered in part or wholly by common integument, and if it have a rosy red color, indicating the existence of inflammation, or the solidification of its tissues, I cut it off, and generally in a good deal less time than I'm in telling you this. But in proportion as the tumor is of a bluish, grape-like color, and as it feels soft to the touch, so is the danger of meddling with it in the way of cutting. Here is a drawing of one not to be cut. [Dr. Stevens here exhibited a beautiful drawing, executed by Dr. Westmacott, illustrative of the characteristic hue of this sort of tumor.] If to be tied—how? A great objection to the ligature is, that it is horribly painful. If you wish to avoid that, you should ask whence it arises? My opinion is that the pain arises not only from the compression of the nerves, but also from their tension—from the traction occasioned by encircling a large mass and drawing it to a centre. Now you avoid this by putting on five or six ligatures and tying up only a small bit at a time. In this way you have the advantage of getting rid of your ligatures a great deal sooner, and get off with at least the half of the pain. Another thing—what is the most sensible (sensitive?) part about the anus? Why, the skin to be sure. Can't you cut it? Yes. Well, then, make a little furrow and put your ligature there. But that is not all. You can do a great deal more. You need'nt embrace the piles in the ligatures. The way I do is this:—

I take up as small a portion as possible, and draw it down and cut along gently, making first the furrow; or, if it's going to bleed, I put my ligature on at first, or transfix it and apply two ligatures, or perhaps four, and tie them. But I still hold on to the pile—if it does'nt bleed, why I'm done with it; if it does bleed, why it's secure—I have my ligatures on it. So I go on till all are tied, and then if I find the anus too big, I make it smaller, and just as small as I think it ought to be. I then push the mass back. A good deal of pain is often caused by leaving the parts out, as is sometimes done; the sphincter contracts, and a man in such a case feels as if he had got a piece of excrement half out. Therefore, you are to cut off all the ligatures, and cut off the pile as close down to the ligature as possible. Finally push the whole mass in, and then put ice on it. But the patient wants some little preparation for this operation. Let him have castor oil the night before, and a good opiate in the morning. Let the patient when about to be operated on, lay on his back, with the buttocks well separated by assistant No. I, the ligatures being applied by No. II.

The patient is to be very attentively watched after the operation. In almost every case in which bleeding ensues, you don't see it; but about two hours after the operation, the patient begins to 'gape,' looks pale, the sweat breaks out, and he has colicky pains, or goes to stool, and away comes a chamber-pot full of blood. Watch your patient then, and see that there is no accumulation of blood in the bowels. If there be, what do you do? After a person has bled a good deal, he is much relaxed, and you can manage him much better. Place him on his back, let the buttocks be well separated, and you may be enabled to see the point whence the blood flows; then with an instrument like a turnkey, you get at it, put a ligature on it, and in this way you will succeed much better than by any sort of compression. Some people talk of other things; say for instance, that you should push a handkerchief up the backside. But my plan is to lay a piece of lint rolled hard, about the size of a pea, exactly on the spot that bleeds, then a piece the size of a shilling over that, and then another piece as big as a 'quarter' over that, and on the top of all a piece as big as a dollar. Then put on a 'T bandage,' put your patient to bed, and clap a bag of ice to his backside. (A laugh.)

I will now proceed to speak of

FISSURE OF THE ANUS.

There is no disease of which we can have a more correct and scientific idea than this. The patient has perhaps at first an itchy backside—a very common and troublesome complaint. He has an inflammation of the lower part of the rectum from an herpetic condition of the blood, which produces a cracking of the skin, and the oozing of an oil-of-vitriol-kind-of liquid that burns like fire—(a laugh)—down comes a mass of feculent matter, the sphincter contracts from the irritation, and draws the membrane so tight around the solid matter that a crack takes place. The next time of going to stool the same thing occurs—the door is opened again—and by and by the fissure becomes the seat of the most exquisite sensibility. I'll read you the description which a medical friend gave me of his sufferings in this state [It is not necessary to give the letter—the writer compared his sufferings to those which would be produced by the passage through the rectum of 'boiled lead and spike-nails.'] There is only one remedy in these cases—that is the division of the sphincter. Some have said that this is a sort of 'stricture of the sphincter.' I don't think so, I assure you. I think that the fissure is the primary disease, and that the stricture is a secondary result of the irritation. As for stricture of the rectum, it is a thing to be talked of, not seen. I have never seen it *per se*. I have seen cancers of the rectum, and they will stop it up sometimes so that a crow-quill cannot be passed. There has been a great deal of humbuggery about this, so that I'm tempted to detain you a little longer on it. I have heard ladies and gentlemen talk about stricture of the rectum, and I have said, 'Ah! how the —— do you know any thing about that?' 'Oh! sir, I can't get my finger up, and I'm certain I've got stricture there.' I recollect being in a family, attended by a very distinguished physician, and in it there was no less than three cases of stricture of the rectum! They told me of it, but I asked them how they could be so humbugged, and told them that it was all d——d nonsense! (A laugh.)

[The hour having now elapsed, Dr. STEVENS concluded by announcing that he would finish the subject of Diseases of the Rectum in another lecture, of which due notice would be given.]

A Discourse Introductory to a Course of Lectures on the Institutes of Medicine and Materia Medica. By MARTYN PAINE, A. M., M. D., Professor, &c., in the Medical Department of the University of New York. pp. 33.

Printed sermons, the valuable works of the Tract Society, published introductory lectures, and caterpillars, generally, attain the same degree of longevity.

We don't cherish the slightest malice to that great literary undertaker—the trunkmaker, but we confess our meek spirit loses somewhat its wonted tranquillity when we think of the ravages committed on many valuable works by his remorseless agent—the scissors, that mangle more expeditiously than even the "beardless reviewers of the London Medical press,"—and the still more villainous paste, that shuts up at once and for ever the mouth of the most pertinacious disputant. It is pleasing to reflect, however, that introductory lectures, like cats, have a plurality of lives, and in many instances flourish in perennial beauty to a good old age, in defiance of cooks and trunkmakers. A notable example of this immortality may be found in the city of brotherly love, where for the last quarter of a century a venerable "Introductory" has opened its mouth with this oracular sentence: "Gentlemen, it is now thirty years since the Declaration of Independence."

Introductory lectures may be commonly divided into the

The Abusive,
The Bombastical,
The Controversial,
The Disgusting,
The Egotistical,
The Farraginous,
The Garrulous,
The Hypnotic,
The Inexplicable—

and so on to the end of the alphabet; for the remainder of the list see the "Miniature Lexicon of the English Language, by Lyman Cobb," published by Harper & Brothers, (stereotype edition.) Some prodigies, however, in this department of literature, present in one sheet all the characteristics of the whole class. The celebrated offspring of the Philadelphia Prophet came nearer being an impersonation of the whole "crooked family," than any thing that has seen the light in this hemisphere during the "Session 1841-2." Dr. PAINE's "Discourse,"—which was delivered in the University Chapel before a crowded and highly respectable audience, afterwards published in the "Boston Medical and Surgical Journal," and now reprinted in separate form with beautiful type, and on superior paper,—is in many respects very different from the ordinary run of "Introductions." It combines a number of the principal constituents of these productions in about the following proportions:—

Controversial	58.16
Egotistical	3.04
Hypnotic	6.50
Inexplicable	8.27
Passable	24.00
Witty	.03
	100.00

Now, to finish our unique and excellent review—Dr. Paine's "Discourse" is far from being a common-place one, and is the utterance of a no ordinary mind, as our readers will perceive from the following random extracts, which they *will* read; and that is saying more for some of them, than we would be willing to do in the case of the lecture itself:—

> Rare genius may analyze the phenomena of disease, often reduce them to generalizations, and apply the *appropriate* remedies, without, perhaps, understanding the details of structure. We have examples of this nature among the fathers of medicine, of whom none is so remarkable as he who created the science, and expounded that system of rational philosophy, which, at a distant age was consecrated by Bacon, and has since given to arts and sciences an impulse which is carrying them fast to the limit of any rapid improvements. But, though it be easy to *admire* the genius which *creates* a science, we may not *imitate* it. Most of us must be contented to study its *elements*, and to advance, step by step, before we can grasp the principles *already* known, and reduce them to practice. Such, at least, has been my own laborious experience; slowly gathered in the field of nature—or by consultation with others—or by unwearied meditation. We must come, therefore, to the work of preparation, not only with resolute purpose, but with a *zeal* that shall maintain that purpose. * * * * Although anatomy is at the foundation of practical medicine, it is only that of the great vital organs with which the *physician* is particularly interested; and yet these are the ones which are most apt to be neglected. Such as relate to that division which are called animal life, the muscles, for instance, is to him comparatively unimportant. It is here that the surgeon holds his empire, and to him this branch of anatomy is not less indispensable than the former is to the physician. The mere operative surgeon may practice his art without knowing whether the stomach be composed of one or more tissues—whether it be seated in the abdomen or in the thorax. And with all this ignorance he may acquire a far greater temporary renown by a stroke of the knife, than the most consummate philosopher. * * * * Hunter expounded, more amply than his predecessors, the doctrines of life, and founded upon them the only true systems of pathology. His masterly analysis of inflammation exemplifies the whole range of disease, and its philosophy lies at the foundation of the whole; though I by no means intend to imply that all diseases are inflammatory. But, if it be true that inflammation is essentially constituted by morbid changes of the vital properties and functions, then may the same affirmation be made of every other deviation from a state of health. This will be rendered apparent hereafter, when I come to speak at large of the laws and the analogies of nature. It was Hunter, also, who first disclosed the modifications or peculiar conditions of the properties of life in their relation to different organs, and the different tissues of the same organ. Scarcely had this extraordinary man disappeared, when Bichat took up the great subjects, and carried the whole world before him. His doctrine of life, and the pathology which is founded upon it, recognizes no physical agencies beyond those foreign causes which maintain the vital powers in operation, or which convert them from their natural to morbid conditions. He analyzed the vital principle more extensively than had been done by Hunter, and though deeply indebted to this philosopher, he pays no tribute to his unexampled labor or his exalted services. But nothing can impair the claim which mind establishes to its own property. It is as immortal as the spirit which gives it birth; and though it be for ages entwined in the laurels of others, it will ultimately light on the memory of him who enriched mankind in enriching himself. * * * * You hear much, gentlemen, of the great advances of medicine in recent times. And so it has advanced; but only so in the accumulation of facts. There is scarcely one physiological, or pathological, or therapeutical doctrine now advocated by the '*reformers*,' as they call themselves, which was not more or less in vogue at degenerate ages of our science. Whether they be anatomical, chemical, or mechanical, they have all had their day, and have all been exploded as utterly contradicted by the phenomena of life and disease, and by all that is known of organic philosophy. And this I say, as due to the great cause of which I am an humble advocate. * * * * It will be a part of my *agreeable* task to exhibit the fallacies of the physical hypotheses of life and disease, as well as to inculcate principles which exalt our science above the mere world of matter, render it consistent in all its details, and present it to your attention as a department of knowledge fundamentally distinct from all other pursuits. Then shall you feel the quickening influence of a philosophical knowledge which distinguishes you from the rest of your race—a knowledge which led the great father of our art to affirm that 'a philosophical physician is like a god'—when you shall have some ennobling glimpses at a system of principles and actions of which the profound in other sciences can have no just conception, and which you *alone* are qualified to direct to a great and specific result. And this carries me again back to the essential philosophy of disease. Assuming that morbid actions are carried on by the forces which govern the natural functions, we may rationally conclude that every pathological change consists in some new mode of action which has been induced in the vital powers by morbific causes, and that the object of therapeutics is to restore the natural condition of those powers. When, therefore, we hear that inflammation, fever, or venous congestion, are constituted by stagnation of blood, and that all their results are interpreted by physical agencies, we may be certain that such hypotheses have no foundation. But, allowing these remarkable exceptions to the ordinary course of nature, what would science be worth, what its advantages to mankind, when thus surrounded by exceptions which cover the whole fabric with doubt, and which divest the most important diseases of all ground for any intelligible treatment?

The Maryland Medical and Surgical Journal, and Official Organ of the Medical Department of the Army and Navy of the United States. Published quarterly under the auspices of the Medical and Chirurgical Faculty of Maryland. Vol. II., Nos. 1 and 2. Baltimore: John Murphy, 146 Market street.

From the specimens on our table, we can very confidently pronounce a favorable opinion of this periodical. The typography and general appearance of the work are very creditable to the publisher. In another column we extract from the second number an article descriptive of a remarkable case of congenital deformity; and in this place present our readers with a portion of some excellent remarks on a few of the mercurial compounds, contributed by Dr. Hamilton, of Baltimore:—

> HYDRARGYRUM CUM CRETA,
>
> though generally considered as less important and less frequently used than Pil. Hydrargyri, still forms a component of the physician's prescription. It is prepared by rubbing together three parts of mercury, and five of prepared carbonate of lime, until all appearances of globules have ceased to be visible, even with the aid of a lens. Its action has been attempted to be explained, on the supposition that it is only mercury finely divided, but when decomposed by hydrochloric acid in excess, the residue will be found to darken on the addition of ammonia, &c., indicating the union of the acid with the protoxide of mercury. By this it is not intended to deny that the greater part of the mercury is in a minute state of division, but to assert that in this condition *it is inert*, and only owes its activity to the portion which is oxidized. As this compound is generally obtained, it is from manufacturers in London, where it is made on a large scale, and hence always contains more protoxide of mercury than when prepared according to the directions of the United States Pharmacopœia. This must be evident, inasmuch as in the preparation of eight ounces, (the quantity recommended by the United States,) the mercury is not subjected necessarily to the same action and exposure as when prepared by machinery on a larger scale, and is proved by the result, that the English article when given to children, will generally act as an emetic, and occasionally violently so, whereas when prepared in smaller quantities, it exerts an opposite effect, and even will allay vomiting. Numerous cases have confirmed the truth of these remarks, and a compound like this which is generally used in the diseases of children, where the stomach is generally irritable, should always be prepared by the vender; when properly prepared there is no mercurial compound of a milder character, less liable to objection, better suited to the diseases of children, and proves at the

same time the fallacy of the idea which attributes its action to aught else than the protoxide of mercury.

UNGUENTA HYDRARGYRI.

In these preparations the mercury is gradually extinguished by trituration with lard, suet and other oleaginous compounds, and the different varieties only depend on the relative quantity of each ingredient. To enter into any minute investigation as to the cause of their activity is deemed unnecessary, as if the principles which have been already mentioned be correct, (and they are justified both by chemical reasoning and experimental proof,) the activity of all the varieties of the blue ointments, as they are generally termed, must be owing to the presence and chemical combination of the protoxide of mercury with the fatty matter. If not, why are these changes in color observed in the ointment, which every one who has prepared and used it, must have noticed? Why is it, that an ointment of twenty-one grains of protoxide of mercury to one ounce of lard, has been found by Mr. Donovan to possess the same power of producing ptyalism when used in smaller quantities? (and recommendations from the different hospitals in England have testified to its effects.) Why is it, that in the various manipulations of gases with a mercurial trough, in which the hands are frequently dipped in contact with the mercury, that ptyalism is not produced. But those who uphold this theory must explain its action on the system when taken up by the capillaries in the *metallic* state; granting absorption into the capillary and lymphatic system in the *metallic* state, can it be proved that any metal exerts any influence on the system internally or externally applied, unless that influence is occasioned by its combination with some other agent, as oxygen, iodine, &c. When mercury has been proved in its metallic state to act on the system, as an exception to all other metals, or when acids can be found to act upon metals without oxidation, *then* will it be granted that the action of the preceding compounds are not dependent on the presence of the protoxide of mercury.

Contributions to the Chemical Pathology of Morbid Digestion. By Golding Bird, M. D., F. R. S.

Dr. Bird is one of the lecturers at Guy's Hospital, and in that extensive field of observation, has recently directed considerable attention to the Protean forms of indigestion. He has contributed a number of excellent papers to the *London Medical Gazette*, on the "Chemical Pathology of Morbid Digestion," from which we extract the following remarks on a much more frequent cause of anæmia than is generally supposed:—

OCCURRENCE OF BLACK VOMITING IN GASTRORHŒA.

I have before stated that the sudden occurrence of a black finely divided matter, in the vomited fluid, is by no means unfrequent in the cases under examination: this has been long known, and has been alluded to by most writers on this subject. When the fluid, which often appears like so much ink, is allowed to stand in a glass vessel, it gradually becomes perfectly colorless and limpid, this change being accompanied with a deposition of a black powder. The nature of this powder puzzled me a good deal: in most cases, by digestion in warm solutions of potass, it dissolved; in warm nitric acid it also slowly disappeared, with an evolution of red fumes, and a deep green fluid resulted, precisely similar to the solution obtained when dried crassamentum of blood is similarly treated. On this account, as well as from the presence of iron in the ashes left after incinerating the black matter, I have regarded it as merely half digested, or modified, coloring matter of blood. I have hence considered the occurrence of this black liquor as indicative of a congested state of the gastric mucous membrane. In one or two cases, in which gastrorhœa had existed for a long period, in connection with constipation and irritable uterus, I have seen this black fluid vomited previous to the appearance of the catamenia, as though it were an attempt at vicarious menstruation. The circumstance of matter being black is no argument against its being composed of modified red particles; we see the same thing whenever blood has been exposed to the action of the digestive organs: thus, in many cases of hæmatemesis, a considerable quantity of blood passes the pylorus and appears in the evacuations as a perfectly black pitch-like mass; and in many cases, where considerable portal congestion has existed, as among gin-drinkers, the exudation of blood has occurred insidiously, and the patient has become anæmiated without any obvious cause, until the stools have been examined, when the presence of a perfectly black mass of semi-digested or modified red particles has at once demonstrated the source of the anæmiated and exhausted condition of the patient.

DIAGNOSIS OF STOMACH AFFECTIONS FROM THE CHARACTERS OF THE VOMITED FLUID.

The chemical examination of the vomited fluids would, indeed, become of the utmost importance, if we could succeed in identifying their chemical characters with particular states of disease. The results of my investigations, so far as they have gone, unfortunately tend to throw but little light on this matter. I can only hope that this subject will be carefully examined by others, who, I trust, will be more successful in elucidating this difficult question than I have been. My researches all tend to show that, limiting ourselves to those diseases in which the vomited fluids are colorless, no diagnostic distinctions can be drawn from their chemical characters. The acid or alkaline condition I have shown to be utterly worthless in aiding or directing our treatment; and the accounts of the patients themselves, regarding the taste of the fluids, are not worthy of notice, except so far as they serve to point out the greater or less degree of morbid sensibility possessed by the mucous surfaces over which they pass.

As a general rule, subject however to many exceptions, I have observed that the specific gravity of the fluids is higher in proportion to the increased state of the morbid irritability present. So long as the vomited fluids continue colorless, I have never met with indications of the presence of free hydrochloric acid in any appreciable quantity; and, so far as my own experience extends, I have never met with a single instance of organic mischief of the stomach or pylorus, in which the vomited fluids were constantly colorless. It is perfectly true that these affections are ushered in, and often preceded, during years, by water-brash; but whenever distinct evidence of organic mischief has appeared, the vomited fluids have always become yellow or brown, and *persistently acid;* often very intensely so. Mere water-brash occasionally alternates with this acid-colored fluid; but so long as it exists alone, I have never been able to detect any unequivocal signs of structural mischief- To this point I shall have occasion to revert in my next communication.

I confess that I feel considerable anxiety to learn how far the experience of other physicians agrees with my own on this point; for if the statement I have ventured to make, from the results of my own observations, be found to apply universally, it will, at least, be of some service in helping to distinguish between cases of stomach affection in which a question arises as to the presence or absence of organic mischief.

One very remarkable circumstance I have had occasion to observe, viz. that extensive ulcerative disease may exist in the pharynx and œsophagus, extending even to the cardiac orifice of the stomach in a case where pyrosis has been for years present, and yet, the stomach itself remaining unaffected, the vomited fluids retain their colorless appearance even up to the period of the patient's death.

Russian, Danish, British, and American Pharmacopœias.

Under this caption, there is, in the last No. of the *British and Foreign Review*, an excellent critical article, on the last editions of the Russian and Danish Pharmacopœias, Mr. Phillips's Translation of the Pharmacopœia of the Royal College, Dr. Dunglison's "New Remedies," and Mr. Pereira's "Elements of Materia Medica." From the review we make the following extracts:—

NITRATE OF SILVER.

This salt is one of the most useful of external applications, particularly in the healing of ulcers, and also in subduing cutaneous inflammation. Mr. Higginbottom first drew the attention of practitioners to its use in arresting phlegmonous inflammation, and in checking the progress of erysipelas; and subsequent experience has proved satisfactorily to many, that its powers are not less remarkable in these diseases than they are in controlling the inflammatory affections of mucous membranes The employment of the nitrate of silver in these cases, as well as in diseases of the eye, ulcers, cutaneous diseases, &c., is well known; but there are some other affections in which we have found it extremely valuable, although, we are persuaded, this practice is not generally known or acted upon.

a. The analogy between *gonorrhœa* and purulent ophthalmia might very naturally lead a practitioner to employ nitrate of silver in the cure of the former, if he reasoned at all correctly in the matter; for they are both purulent inflammations of mucous membranes. Many of the agents used as injections in gonorrhœa, such as the sulphate of zinc and copper, acetate of lead, bichloride of mercury, sulphate of alumina, &c., excite more or less inflammatory action in the urethra, and in scrofulous subjects sometimes do more harm than good; but the nitrate of silver, in place of exciting more, generally diminishes inflammation, and on this account may be employed at the very commencement of the disease. We have used this remedy for the last ten or twelve years with much more success than any other injection, and have had no reason to believe that it causes hernia humoralis or any other bad consequence. The proportions we employ are from one to four grains to an ounce of water, the strength being regulated according to the greater or less inflammation of the parts.

b. The tincture of camphor is so generally reckoned a sovereign cure for *chilblains*, that many practitioners would think it heretical to use any other remedy. As far as our experience goes, this agent very often fails in affording relief, and is less effective than the nitrate of silver. A pretty strong solution of this is required, the strength being varied from 10 to 30 grains of the lunar caustic to an ounce of water. Occasionally we have used the proportion of a drachm to the ounce of water, and even more. In one obstinate case, we used a saturated solution, (equal parts of nitrate of silver and water,) which produced a permanent cure.

c. An ointment made from galls is a favorite remedy for *hæmorrhoids*, but, like camphorated spirit of wine in the cure of chilblains, it often fails. An ointment composed of from 5 to 10 grains of nitrate of silver, very finely pulverized, and an ounce of lard, succeeds in many cases where the hæmorrhoids are recent. When hæmorrhage arises from internal piles, or from congestion of the lining membrane of the anus, the solution, in the proportion of from 10 to 30 grains to an ounce of water, injected with a syringe, is a preferable method. It ought, however, to be remembered that when the solution is strong, not more than a drachm of it should be thrown into the rectum. In prolapsus ani the efficacy of this solution is not so certain, although we have on several occasions succeeded in curing the patient with it.

The external employment of nitrate of silver is shortly but generally described in the Russian Pharmacopœia, and its employment in checking erysipelas by the formation of a ring with caustic is also noticed as the result of recent experiments. Its employment in chronic blenorrhœa, leucorrhœa, and in excoriated nipples is also mentioned.

HYDRATED SESQUIOXIDE OF IRON (FERRUGO).

Recent experiments have established the discovery of MM. Bunsen and Berthold, that the hydrated peroxide of iron proves, in many instances, an antidote to the poisonous effects of arsenious acid, particularly when exhibited frequently and in large doses. A chemical union takes place between them, and in this manner an insoluble arsenite of iron having little activity is the result. The dry sesquioxide of iron having been found much less efficacious than the hydrated form, it is therefore of essential importance that this should be procured at a moment's warning. We have known instances of poisoning where this preparation could not be procured, and where the mode of preparing it was totally unknown to the practitioner, so that the ordinary sesquioxide of iron required to be substituted for it. We are therefore gratified to see a process for its preparation, both in the Edinburgh and Russian Pharmacopœias. In the last named work it is recommended, when intended to be used as an antidote to arsenic, to be preserved, of a jelly-like consistence, in close vessels, the "Hydras Sesquioxydi Ferri, ut antidotum acidi arsenicosi adhibendus, humidus et nequaquam siccatus, gelatinæ quasi speciem referens, in vasis probe clausis servetur." (p. 529.) As this is a very important formula, and one which ought to be known to every practitioner, we shall quote the direction for its preparation by the Edinburgh College:—

"Take of Sulphate of Iron, four ounces;
Sulphuric Acid (commercial), three fluidrachms and a half;
Nitric Acid (D. 1380), nine fluidrachms;
Stronger Aqua Ammoniæ, three fluidounces and a half;
Water, two pints;

dissolve the sulphate in the water, add the sulphuric acid, and boil the solution; add then the nitric acid in small portions, boiling the liquid for a minute or two after each addition, until it acquires a yellowish-brown color, and yields a precipitate of the same color with ammonia. Filter; allow the liquid to cool; and add in a full stream the aqua ammoniæ, stirring the mixture briskly. Collect the precipitate on a calico filter; wash it with water till the washings cease to precipitate with nitrate of baryta; squeeze out the water as much as possible, and dry the precipitate at a temperature not exceeding 180°. When this preparation is kept as an antidote for poisoning with arsenic, it is preferable to preserve it in the moist state, after being simply squeezed." (p. 101.)

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, February 12, 1842.

The Living and the Dead.

The practice of interring the bodies of the dead, amidst the habitations of the living, is one so obviously dangerous, that we can hardly reconcile its existence with the common sense of mankind. But communities, like individuals, are the bondsmen of custom and habit, and with idiotic blindness, submit to usages destructive of comfort, happiness, and life, nay, contend for their propriety, turn a deaf ear to remonstrance or reason, as in the case before us, and scorn the friendly voice that would warn them against the poisoned exhalations of the grave. Nevertheless, we will add a word or two, in the hope that some of our readers may give the subject a thought.

The unwholesomeness of this practice caused governments in ancient times to enact laws for its prohibition. "Plato in his republic did not even permit inhumation in fields fit for tillage; he reserved for that purpose dry and sandy grounds which could not be applied to any other useful purpose. Indeed the practice was scarcely known, or allowed in Europe, till some time after the Christian era. Wealthy and pious persons, by especial favor of the ecclesiastical authorities, were sometimes buried within churches, or in vaults contiguous to them, and by degrees the exception became the general rule—that which was at first the distinction of a few, became at last the common right of every one."

In 1765 the French Parliament required the cemeteries to be closed against future burials, and their present contents removed. The contents of the Parisian cemeteries were, in pursuance of these wise regulations, removed in 1786 to the celebrated 'catacombs' (deserted stone quarries), which extend under a great portion of the southern faubourgs of the French metropolis. This removal was effected at midnight, by torchlight, the priests chaunting the solemn service of the dead. In 1790 the National Assembly commanded all the towns and villages to discontinue the use of the old burial places, and to inter their dead in cemeteries at a distance form their habitations.

The character of those whom we now address, renders it unnecessary for us to make any remarks on the disastrous influences which impure air exerts on the health. It is enough to say, that the very presence of the living multitudes that have their being in crowded cities, causes such a deterioration of the atmosphere, as renders the slightest additional cause, a matter of the utmost importance. And surely the gaseous products of the charnel-house, form an agency of death, sufficiently potent to awaken fear, and induce avoidance. The experiments of Magendie on this subject will recur to the memories of most of our readers. He demonstrated with sufficient clearness, that the decomposition of the dead produced a poison, which, even when diluted by the atmosphere and spread over a large extent of country, was the fruitful source of disease, decrepitude and death. An infinitely small portion of the poison, injected into the jugular vein of a dog, produced death after the most intense symptoms of malignant fever.

Mr. Walker, a surgeon of London, has recently directed the attention of the British public to this important subject, in his "Gatherings from Grave-yards," to which we would beg to refer our readers, for a vast amount of curious information. Mr. Walker adduces a great number of cases, some of which ended fatally, in order to show the malignant influence of inhumation in city burying-grounds, and vaults beneath churches, which is obviously still more destructive; and he very earnestly, but not more earnestly than the occasion demands, presses on the municipal and civil authorities, the immediate necessity of adopting measures for the prevention of this great evil.

Interment in crowded cities, is as offensive to all those hallowed feelings which cling to the memories of the dead, as it is to health. We would not have our body laid in one of those receptacles,

> "To be thrown up again by some rude sexton,
> And yield its narrow house another tenant,
> Ere the moist flesh had mingled with the dust,
> Ere the tenacious hair had left the scalp,—
> Exposed to insult lewd and wantonness!"

Nor are the lingering remembrances that connect us with the spot where kindred and friends are laid, relieved by the feeling that the repose of that sepulture is perpetually broken by the full tide and roar of life, that "never stops to remember one inhabitant of all the tombs;" or that may one day be still more ruthlessly invaded, to make room for a new street or thoroughfare, over which the thronging crowds will hurry in their pursuit of business or pleasure or folly or crime, soon to be numbered in their turn with those on whose utterly abandoned remains they tread.

We have more to say on this matter hereafter.

The Transylvania Medical School, Ky.

This establishment is said to be exceedingly flourishing. The present class is stated to be nearly as large as the most numerous class that ever assembled there, viz. 281, in the year 1825-6.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School.

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, February 7.

A case of *Iritis* was introduced and prescribed for, but it did not present any points of extraordinary interest.

Two cases of wry neck in children were introduced, and after a few remarks by Dr. Stevens on the appropriate operation, were postponed till another occasion.

In the course of some judicious remarks on a case of conjunctivitis, Dr. Stevens observed that in ninety-nine cases out of a hundred, a 'mote' in the eye, as it was popularly called, would be found lodged about the centre of the upper eye-lid, from the one-third to the one-half of an inch up, just at the point where the lid escaped the washing of the tears.

A child suffering from excoriations about the verge of the anus, was next introduced. The application of the lunar caustic to the excoriations, and alterative powders, composed of a grain of calomel and three or four grains of rhubarb, twice a week, were ordered.

A case of *hydrocele* in a middle-aged man was then presented. Dr. Stevens remarked that treatment by injection was preferable to that by incision or seton. It was, however, uncertain in effecting a cure, which, in his opinion, was owing to the mode in which this simple operation was often performed, a sufficient degree of inflammation not being induced. Dr. Parker then evacuated the fluid, and used the iodine injection.

A number of other cases were presented, and formed the subjects of excellent practical remarks, but although of great interest to the students, they were not of sufficient importance to encroach upon our limited space.

City Hospital.

Scrofulous Ulcer in the Neck, Penetrating the Inferior Thyroid Artery. Death from Hæmorrhage.

John Redmond, an Irish laborer, æt. 28 years, was admitted into the New York Hospital, April 30, 1841, with scrofulous enlargement of the glands of the neck. This disease which was of long standing, had become very extensive, involving apparently the whole chain of glands on each side, and in many places, had gone on to suppuration, followed by that irregular, indolent ulceration peculiar to scrofula. His general condition was very bad, his appetite poor, his muscular strength reduced, and his body emaciated, and it was more with the hope of restoring in some measure his general health, than of permanently curing his disease, that he was received into the hospital.

By means of iodine in various forms, used both externally and internally, with wholesome and regular diet, his general condition very much improved, though without any particular amendment of his external disease. Indeed, during the summer the disease had made considerable progress. New abscesses formed in various parts, and those which had been long open, degenerated into foul, burrowing ulcers, undermining the skin in every direction, and in some instances passing deep in among the muscles. The sores presented a dirty grayish surface, from which exuded a thin, watery, and offensive discharge, and showed not the slightest disposition to take on the healing action. He was in this condition, when on the night of the 8th of November, a slight hæmorrhage took place from one of the largest and deepest of the sinuses, which was situated on the left side of the neck, about over the middle portion of the sterno-cleido-mastoid muscle. The bleeding was slight and stopped spontaneously. Towards morning on the night of the 9th, bleeding again took place in a much more profuse flow. The blood was of a bright arterial color, but did not escape per saltem. A graduated compress of lint, and moderate pressure with a bandage passed two or three times round the neck and under the right axilla, completely checked the hæmorrhage.

On the morning of the 10th, on removing the dressings to re-apply them, a large stream of arterial blood spouted out with such force, as to render it evident that some large vessel was opened by the ulcerative process. The sinus was immediately stuffed full of lint, and firm pressure with the fingers kept up to prevent further bleeding, until more effectual means could be adopted. As he had lost a great deal of blood, and his pulse was becoming very feeble, a little wine gruel was given to revive him.

A consultation of the surgeons was immediately called. On removing the compress to examine the wound, another gush of blood took place, with such force as to be projected full six feet from the bed on which the patient lay, and in a stream apparently as large as an ordinary stream of urine. The compress was instantly replaced and pressure renewed, but not before the patient had lost so much blood as completely to blanch his lips and cheeks, and reduce his pulse for the time to a mere thread. The violence of the hæmorrhage precluded any hope of securing the vessel in the wound, while the swelling had produced so great a distortion of the neck as to render it impossible to determine accurately the source from which it came. It was therefore determined to apply a ligature to the common carotid, in the hope that that vessel or one of its branches might be the one involved. The operation for tying the carotid was immediately performed by Dr. Post.

An incision was made in the ordinary manner along the inner edge of the sterno-cleido-mastoid muscle, beneath which, in the usual situation of the sheath of the vessels, was found a large mass of fibrine adhering to all the tissues in that region, and confounding them together in such a manner that it was difficult to distinguish one from another. After careful dissection, chiefly with the handle of the scalpel, what appeared to be the sheath of the vessel, was exposed to view and divided. A cylindrical body of the size and color of the artery was then brought to view, and a ligature passed under it by means of Sir P Crampton's needle. The operator, as well as several of the other surgeons of the hospital, felt the vessel under which the ligature was placed, and were convinced that it was the carotid artery, although no distinct pulsation could be felt in it; this was accounted for by the state of extreme prostration, to which the patient was reduced. The ligature was then tied, without, however, any effect whatever in arresting the flow of blood. From this it was evident that the subclavian or one of its branches was the injured vessel, but the patient was in so prostrate a condition, that it was not deemed safe to attempt any thing further in the way of an operation.

Firm pressure with the hand controlled the hæmorrhage, and was therefore continued, while stimulants and nourishment were freely administered in the hope of bringing about reaction of the system. The pressure was steadily kept up through the night, during the first part of which not a drop of blood was lost. He took his drink readily, but he evidently failed, his extremities became cold, and his pulse more aad more feeble. Towards morning the compress having become very much soaked with blood, and consequently very slippery, by a slight movement of the patient in his sleep, slipped from its place, and before the attendant could replace it, blood escaped in sufficient quantity to decide his fate. He died in about two hours after this unfortunate accident.

A careful dissection of the parts was made after death. The ligature which was thought to have been placed round the carotid artery, was found to embrace only a band of organized lymph, situated immediately anterior to, and in fact upon the sheath of the vessels, which were in a perfectly healthy condition. On removing the coagula and cleansing the ulcer, it was found to have extended backwards, and downward towards the subclavian artery, the upper surface of which just within the thyroid axis, it had reached within a quarter of an inch. On the bottom of the wound lay the thyroid axis exposed to view, and from it given off the inferior thyroid, running upwards and forwards, and destroyed by ulceration in one half of its circumference for the space of an inch. The ulcerative process involved to a slight extent the thyroid axis itself. The thyroid artery beyond the ulcerated opening was completely obliterated, showing previous inflammation of the artery. Indeed it would appear probable that the whole of the thyroid artery had been obliterated by coagula, before the ulceration commenced, and it is probable that the whole of the artery would soon have been destroyed without danger, had not the ulceration reached the thyroid axis. This of course was not protected by coagula, and as soon as its coats were penetrated, hæmorrhage ensued. The other arteries of the body as far as examined were healthy.

TO THE EDITOR OF THE LANCET.

Sir:—

Observing with great satisfaction the independent course you have adopted in the management of the *Lancet*, I will take the liberty of sending you cases for publication as they occur in this hospital, under my observation.

Respectfully yours,

J. Rockwell Boardman, M. D.

Seamen's Retreat, Staten Island, Feb. 8, 1842.

A Case of Chronic Inflammation of the Larynx and Trachea.

John Hall, a short muscular black, æt. 43, admitted into the Seamen's Retreat August 17th, 1841, for chronic inflammation of larynx and trachea, having been ill four months in the New York Hospital when admitted. Respiration difficult; partial loss of voice, and uneasiness in the region of larynx and trachea. Treatment:—Bowels being costive, gave a cathartic and applied a blister to the region of the larynx and trachea, and kept it discharging by dressing it with blistering ointment and poultices. He remained in much the same state, except an occasional paroxysm of increased difficulty in breathing, which was relieved from time to time by emetics, until the morning of September 3d, when his difficulty in breathing suddenly increased. I ordered an emetic, but before it operated I was summoned to see him, and found him nearly asphyxiated. I attempted to introduce a tracheal trochar, but found it too short. I then, with a scalpel, cut down into the trachea, and introduced through the opening a large sized gum elastic catheter. At this time his respiration had ceased and his heart to act; he was, to all appearance, dead. I then took several full inspirations, and then inflated his lungs by blowing through the catheter, and repeated this, at the same time making pressure over the ribs to expel the air between each inflation—placed my hand over the region of his heart, and to my surprise, the heart began to act. Continued the inflation until he began to breathe. His heart now acted with great violence, and he began to struggle, evidently from congestion of his brain. I immediately took ℥xii. of blood from his arm, which relieved him. He continued to breathe through the catheter, and consciousness gradually returned, so that by night he was able to express his gratitude for his resuscitation. The catheter was removed, cleaned, and reintroduced; he passed a comfortable night, had an evacuation from his bowels, and took some arrow root.

September 4th. Owing to the irritation of the trachea being kept up by the catheter, it kept constantly filling with mucus and impeding respiration, and it required great exertion on his part to breathe; consequently he gradually failed, and died at 9 o'clock P. M., thirty-seven hours after the operation.

Post-mortem 18 hours after:—Found congestion of the lungs, and thickening of the sub-mucous cellular tissue from the larynx down to the bifurcation of the trachea.

P. S.—The Seamen's Retreat is an hospital for sick seamen, located on Staten Island, supported by a State tax on sailors; has accommodations for 250 patients, and has a department for lunatics; is governed by a board of seventeen trustees, most of them retired shipmasters.

TO THE EDITOR OF THE LANCET.

SIR:—

I send you the following report of a case of strangulated hernia, and if you deem it worthy a place in your valuable journal, its insertion will oblige, Yours, &c.,

I. S. SMITH, M.D.

384 *Broome street, New York, Feb.* 7, 1842.

Case of Strangulated Hernia.---Operation.

I was called May 6, 1841, to Brooklyn, to visit Mr. B., who had irreducible, strangulated hernia. The patient was 41 years of age, of temperate habits and good constitution. He had been affected with hernia about twelve years, but had experienced little inconvenience, as he was able to keep it reduced by the use of a truss, which he had been in the habit of wearing, but in consequence of the pad being displaced by the patient's walking for several hours without intermission, the intestine descended and became strangulated. When I arrived, the intestine had been strangulated about sixteen hours; all efforts to reduce it had been unavailing; warm fomentations of various kinds had been applied to the tumor to no effect. The sac was about the size of a goose egg. The patient had been vomiting alternately for the last four hours, with agonizing pain in the right hypogastric and lumbar regions. The tumor was tender, the slightest pressure causing severe pain. The necessity of an operation being apparent, I proceeded immediately to its performance, assisted by my pupil. I commenced my incision about one inch above Poupart's ligament, carrying it over the central part of the tumor to its base, freely dividing the integuments; then, by dividing the fascia superficialis and cellular membrane, brought the hernial sac into view; it had very considerable adhesions to the surrounding parts, which I detached principally with my fingers, and then proceeded to divide the cribriform fascia, which formed the stricture. Upon opening the sac it was found to contain a portion of the jejunum, which exhibited a healthy appearance; the vessels, however, were a little injected. After detaching the adhesions the hernia was at once reduced. The hernial tumor rested upon the anterior part of the pubal portions of the fascia lata; being embraced closely on each side by the iliac and pubial columns of the same fascia. I closed the incision with four interrupted sutures, straps of adhesive plaster, lint, light compresses, and applied the figure-of-eight bandage.

The patient bore the operation well, and complained of no pain. I gave him a simple enema, and had him placed quietly in bed, with head and shoulders a little elevated, and leg semi-flexed. I directed a small dose of magnesia, to be given one hour afterwards. The case progressed without a single unpleasant symptom, and in a fortnight after the operation the patient was able to leave his apartment.

Second Report

OF THE

MEDICAL MISSIONARY SOCIETY IN CHINA.

We have the satisfaction of presenting to our readers several interesting extracts from the Second Report of the operations of the "Chinese Medical Missionary Society," at Chusan, which we obtain from the *Canton Register* of the 5th and 12th of October last. We will continue these reports in our next.

Diseases of the Eye.

It is an interesting subject of inquiry as to what may be the probable cause of the large amount of disease of the eye, which exists among the people of this country. From the delicacy of the organ, and its exposure to irritating agents of various kinds, it is in all countries subject to many diseases, to which this people are liable in common with others; but, as will be seen from the subjoined list of cases, trichiasis, ectropium, granular lids, catarrhal ophthalmia, pterygium, contraction of the tarsi, and opacity of the cornea, prevail to a very great extent, much greater than is the usual proportion in other parts of the world. It is evident that this cannot arise from the formation of the eye itself, for though the eyes of the Chinese are small, and the eyelids drawn inwards, in many cases, so as to make a distinct fold at the inner angle, as is especially seen in many of the females, still this is the natural condition of the eye throughout the whole nation, and it is difficult to understand how the natural state of any organ can make it liable to disease. It is true that some individuals are born with such a conformation of body, that they are more prone than others to disease, but this is altogether an abnormal condition: whereas the formation of the eye in the people is, as before mentioned, perfectly natural. And how can it be supposed that almost one-third of the human race should be thus predisposed to a diseased condition of so important an organ! It would appear, as the result of observation, that the more frequent occurrence of the above named diseases, arises in a great measure from two causes.

1. The severe inflammation of the organ, which comes on at the commencement of the northerly and northeasterly winds in October, November, and December: this being permitted to run its course without relief being obtained, leaves as its consequence various changes in the tissues, of a more or less injurious nature, according to the intensity of the primary inflammation of the eye and its appendages, and the healthy or unhealthy condition of the sufferer.

2. The injurious effects of a practice which is commonly followed by the Chinese barbers of everting the lower lid and rubbing its inner surface gently with an ivory or bamboo instrument shaped like a small scoop, which they also pass under the lid and deep into the inner and outer canthi; this they call 'washing the eye,' and the declared intention is the removal of any portion of mucus that may be lodging on its surface. This is a very common habit and may be seen daily in the barbers' shops, where, after the head has been shaved, the man sits composed as if enjoying exquisite delight, while the barber is thus *operating* on his eyes. If the person's eyes be examined after this process, they will be found to be very red and in a state of considerable irritation, and in process of time chronic conjunctivis supervenes, and this being considered as the result of the eye not being sufficiently cleansed, the practice is persisted in, and the conjunctiva of the lid becomes covered with granulations. In other cases, the conjunctiva becomes indurated like thin parchment, the tarsal cartilages contract and induce ectropium. Other diseases also result in process of time, variously modified according to circum-

stances; as, for instance, exposure to the cold wind inducing an attack of acute inflammation of the organ.

The cases of ectropium were operated upon in the usual mode of removing a fold of skin from the upper lid and dividing the tarsal cartilage. This was, generally speaking, completely successful, and the state of the eye much improved in most of the cases; in others, the cornea had become so opaque from the long continuance of the disease, that although the constant pain and irritation caused by the inverted lids were removed, the power of vision was little increased.

The Chinese surgeons adopt a plan of operating for this disease, which is common in Canton as well as in Chusan. The object is to enclose a fold of the upper lid between two narrow strips of bamboo, which are then bound tightly together at the ends by thread; the fold of skin sloughs and falls of, and the contraction that occurs during the healing of the wound everts the edge of the lid. But this is objectionable; in the first place on account of the pain caused during the separation of the slough, and still more so, from the circumstance that when the disease is thus treated, considerable transverse contraction of the lids takes place, which induces a shortening of the tarsal cartilage, and if this condition of the lid exists to any extent, it is almost as prejudicial to the eye as the original disease; and if it have continued for a length of time, is not remediable by a surgical operation.

Case of Compound Fracture of the Os Frontis.

This was in a boy of 16 years, and occurred in a quarrel which took place between some foreign sailors and villagers regarding the sale of a bullock, for which the price had been paid; but a misunderstanding arose, and the owners, wishing to get back the bullock, attacked the sailors, who, in self-defence, drew their cutlasses on their opponents, and this boy received a wound in the head. Much blood flowed from one of the large branches of the temporal artery, which was wounded. The external wound was three inches long, the os frontis was cut through about one inch, and a quantity of loose bone lay at the bottom of the wound, which being removed, left the dura mater exposed for a space of a circle, half an inch in diameter. The bleeding gradually ceased, the wound was dressed with simple ointment and wet lint, and a bandage rolled tightly round the head. No symptoms of disturbance of the functions of the brain took place, but profuse suppuration of the whole surface of the wound ensued; this, however, gradually diminished, and the wound closed completely, and the boy left the hospital, having merely a slight pain in the neighborhood of the wound, with occasional feelings of uneasiness over the scalp. This case required watching at the time the island was evacuated, and the hospital necessarily closed; however, it is to be hoped that it will do well.

Remedy for Hiccough.

TO THE EDITOR OF THE LANCET.

Sir:—

Having been called last week to attend to a patient then suffering from severe and continued hiccough, for which several remedies had been prescribed without effect, I ordered magisterium bismuthi, the French "Blanc de fard," on account of its anti-spasmodic effect in nervous affections, in the following manner:—

℞ Magisterii bismuthi, gr. iii.
Pulv: radicis ipecacuanh: gr. iss.
——— sachar: albi, ℈j.
M. fiat pulvis Take one powder every three hours.

The following day I had the pleasure of finding that the hiccough had entirely ceased. A physician is rarely called on in cases of hiccough, but it may perhaps be interesting to your readers to know the effect of said remedy, which effect I have witnessed once before in Europe in a similar case.

I am, sir, yours, &c.,
C. P. P. F. Reiersen,
45 Murray street.

FROM THE MARYLAND MED. AND SURG. JOURNAL.

Remarkable Case of Congenital Deformity. By A. C. Robinson, M. D., Lecturer on Anatomy in University of Maryland.

On the morning of August 15th, 1839, ***, an unmarried female, 25 years of age, gave birth to a female child, after a natural labor of several hours, during which I had been in attendance. Attempting to remove the infant from immediate contact with the mother, in order to tie and separate the cord, I found it retained and pressed close against the vaginal opening by an unusually short cord, which passed from the apex of a prominent tumor, occupying the central portion of the anterior abdominal walls. The cord proved to be so very short, the placenta being still retained, that great caution became necessary, in order to avoid injuring either the mother or the child. When the infant was exposed, I discovered a large umbilical hernia, caused by an incomplete development in the abdominal parietes. The viscera were not entirely uncovered, however, for the sheath of the cord had been expanded to complete the abdominal walls, and confine them within some limits. Although thus partially confined, the abdominal contents were not concealed from view by their pellucid covering, but were as distinctly perceptible as if viewed through a thick moist watch glass.

A portion of the dark liver occupied the superior half, receiving into its great fissure the umbilical vein, rendered distinct under the transparent coats, by the dark placental blood, arrested in its course towards the porta, while the two hypogastric arteries, holding the same dark blood, were equally visible, making their way from the pelvis to the cord, which measured only eleven inches from the well developed placenta to the apex of the herniary tumor. This was quite large, measuring ten inches around its base, and five inches and three quarters of an inch from side to side, over its most prominent point.

The intestines were seen closely packed away below the liver, and their slight vermicular motion was perceived when the infant remained perfectly quiet, for while crying, the tumor became so tense, as to induce the fear, that its frail walls might yield, and the intestines be at once rolled out.

The mother's supposition that she had completed the full period of pregnancy, appeared to be corroborated by the general development of her infant, which was twenty inches and a half in length, weighed, when very partially dressed, seven pounds, had well formed and rather pretty features, a very good complexion, and a strong voice. The inferior limbs, however, did not correspond in plumpness with the superior; nor were the toe nails as well developed as the finger nails.

The coats of the tumor appearing directly continuous with the sheath of the cord, I concluded that in a few days, a separation would occur around the entire circle of their attachment, succeeded by the protrusion of the bowels, and the infant's immediate death. To my astonishment, instead of this anticipated result, the child lived three weeks, with all the functions of its system in an apparently healthy state, and continued to improve for more than two weeks. Although sometimes it seemed uneasy, it took nourishment with great avidity, digested it well, and slept even more than is usual for new born infants, being quieted by its anxious mother's unceasing efforts to soothe it.

At the first visit succeeding the birth, in the afternoon of the same day, I was sorry to find the coats of the tumor beginning to dry, and of course to lose their transparency, yet the enclosed organs were easily distinguishable, as they were also on the evening of the fourth day, when by permission, Drs. Reynolds and Cabell, resident students of the Baltimore Almshouse, visited the case with me.

On the ninth day the cord was quite dry and withered, with a thin discharge about its root, while the parietes of the tumor had begun to ulcerate at distinct points along the periphery of the circle. As this progressed, I was surprised to find the ulceration not going beyond the most superficial coat, it alone separating around the entire circumference, and being thrown off in distinct patches over the surface, exposed the peritoneal membrane, overlaid by a delicate web of cellular tissue, which soon became covered with granulations, as if nature was struggling to complete her work by filling up the breach in the abdominal walls.

The process of separation, however, went on, gradually exposing the small healthy granulations, which eventually spread over the whole surface, except at two points, one upon the superior aspect, an inch and a half square, the other two inches square upon the inferior face of the tumor, where the original external membranes, dry, shrivelled, and opaque, continued attached.

The infant remained free from any serious suffering, until the nineteenth day, when I found that the lower scale of membrane referred to above had fallen off, exposing the naked peritoneum protruded by the intestines when unrestrained, and that a severe peritonitis had developed itself. This proved fatal in less than forty-eight hours.

The preparation now shows an inch and a half of the naked peritoneum below, while over the space of two inches square upon the superior aspect of the tumor, the shrivelled, opaque remains of the original external membrane, composed as I conceive of the expanded chorion and amnion, forming the sheath of the cord, is still attached.

Remarks on the Treatment of Neuralgia.

The last number of the *British and Foreign Review*, contains an analytical review of a valuable treatise on neuralgia, by Dr. F. L. S. Valleix, of Paris, from which we extract the following judicious remarks on the treatment of this formidable affection:—

We now proceed to the consideration of the treatment of neuralgia, a subject which, notwithstanding its great importance, will detain us but a short time, because, excepting on one or two points, our author differs little from the opinions of preceding writers. We shall begin with the *internal* administration of remedies; and here, at the outset, we would remark, that throughout the entire course of the work before us, M. Valleix does not once refer to the *purgative plan*. It is impossible that he can be ignorant of it, and equally so that he should be unaware of the success which has undoubtedly attended it in many cases, though it has failed in producing all the benefit that was once confidently anticipated from its employment. How the omission is to be explained we know not, but it is assuredly one of no small magnitude. Several years ago Sir Charles Bell reported in the Medical Gazette his success in the treatment of *tic* on this plan, the principal purgative being croton oil. He has noticed the subject at greater length in a late publication, and Dr. Newbigging has recently published a report on the same subject. Dr. Allnatt, in the little work on tic doloreux, noticed in our last number, has adopted the same mode of treatment, and, according to his report, with very great success. In some of these cases the croton oil would seem to have had some other (specific) effect, besides its general action as a purgative.

M. Valleix has no faith in the internal use of *narcotics* as a means of cure, having never met with a case in which the disease was removed by their employment. As palliatives they are of course extremely valuable, for in a disorder so painful, the most temporary relief is a matter of no little moment. The experience of practitioners in this country is, however, more favorable to this class of remedies, numerous cases being on record which have been cured by the exhibition of various sedative remedies, especially the *belladonna*. Our author speaks very doubtfully regarding the efficacy of the *sesquioxide of iron*; he does not seem to have employed it himself, and objects to the cases related by other observers, that the treatment has generally been too complex to allow of any decided opinion being formed. Unquestionably this objection applies to the majority of published cases, yet several are on record in which the beneficial effect of the medicine could hardly be called in question. He takes a more favorable view of the celebrated pills of Meglin, (composed of hyoscyamus and oxide of zinc, aa gr. j. in each pill,) and believes that in many cases when the plan has failed, this event is to be attributed to the smallness of the dose, and the want of perseverance in the administration of the medicine. M. Meglin sometimes gave as many as from thirty-six to forty-eight pills a day, without producing any bad effects, a somewhat wholesale mode of treatment!

When the paroxysms are decidedly periodical, the practitioner will do well to make trial either of the *quinine* or *arsenic*; remarkable success has been obtained from both.

We have yet to mention one other internal remedy which has been employed with singular advantage in the treatment of the sciatic form of neuralgia, we mean the *oil of turpentine*. This means of cure has been most successful in the hands of M. Martinet, and though, like all others, it will often fail, it is certainly one that deserves particular attention. Professor Remberg speaks highly of it; he has not observed that feeling of warmth extending from the intestinal canal to the nerves, in successful cases, which is insisted on by M. Martinet. He prefers the form of electuary, composed in the following manner:—

℞ Ol. Tereb., ʒj.
Syrup. Aurant. vel. Mellis, ℥ij.
M. A tablespoonful twice a day.

If the taste be disagreeable to the patient, the following formula, recommended by Martinet, may be adopted:—

℞ Ol. Tereb., ʒj.
Magnes. Calcin., ℈iss.
Ol. Menth. gtt. viii.
M. A bolus of the size of a hazel nut to be taken in a wafer (*pain à chanter*), three times a day.

In reference to the employment of external remedies, our notice must be almost entirely confined to one plan of treatment, which in every case where it has been employed by our author, has been productive of great alleviation in the symptoms, and which has often succeeded by itself in effecting a cure; we allude to the application of a succession of small blisters over the points in the course of the nerves which are *painful upon pressure*. Many of the instances recorded in the work before us, in which this remedy has rapidly removed the pre-existing symptoms, are of the most striking nature, and we earnestly recommend their attentive perusal. The plan is not altogether original; Cotugno employed one very similar; but the idea of singling out the particular localities, where there is either the constant dull pain, or which are painful upon pressure, is, we believe, to be attributed to M. Valleix alone. He considers this method decidedly preferable to the use of irritating ointments to the denuded surface of the skin, which is often productive of intolerable pain, and has frequently appeared rather to aggravate the symptoms than conduce to a cure. The *endermic* employment of morphia may be attempted with advantage in some cases, but it is a painful remedy. Dr. Basedow has procured much relief from careful bandaging of the affected limb. (Romberg, l, c. p. 70.)

The *actual cautery* has been employed with success, particularly by M. Jobert, but we perfectly agree with our author that it should never be employed until other means, and especially blisters, have been tried and found of no avail. The same remark applies to *section* of the nerve, and the removal of part of its substance, both of which so frequently disappoint the expectation of the practitioner and the hopes of the unfortunate patient. M. Valleix has seldom employed *electricity*, and never with success.

Case of Painters' Colic, with remarks by Dr. C. J. B. Williams, of London.

W. Brooks, æt. 34, admitted July 19th, painter, well formed, and of good general health, but has several times suffered from the colic of his trade. The last attack occurred about seven weeks ago, after having been much employed in 'flatting,' (that is, painting with oil of turpentine, which, no doubt, volatilizes the white lead.) He was then salivated, and got better in the course of a fortnight; but he does not think that he entirely recovered, for he has been weak ever since. He felt sick all last week, and on the 17th, whilst at work, was taken with trembling, faintness, and violent pain in the abdomen, followed by vomiting. He applied as out-patient at this hospital, and was given calomel and opium, followed by castor-oil and turpentine; but these did not operate, and the symptoms becoming more violent, he was admitted an in-patient. He then had violent pain in the umbilical region, occasionally so severe as to oblige him to draw up his legs. Feels very sick; bowels have not been opened for three or four days; abdomen feels tense and hard, and there is much tenderness near the umbilicus; tongue dry, and covered with a dense white fur; pulse 80, compressible; complexion sallow. There is a pale bluish line along the margin of the gums.

℞ Hydrarg. Chlorid. gr. iv.; Extr. Belladonnæ, gr. ss. Cap. statin.

℞ Olei Crotonis, gtt. ij.; Extr. Belladonnæ, gr. ss. micæ panis q. s.; Fiat pilula 3tiâ. quâque horâ adhibenda donec plenè soluta fuerit alvus. Abdomini admov. hirud. xij.; et posteà foveatur abdomen.

20th. Vomited last night; and after taking four of the pills the bowels were very freely opened. He has been quite easy ever since, and there is no tenderness or tension of abdomen. Slight nausea; some pain across the loins, and tenderness in the soles of his feet; pulse natural.

℞ Aluminæ Sulphatis, gr. x.; Aquæ Menthæ Pip. ℥iss.; Acidi Hydrocyan. dil. gtt. v.; Fiat. haustus ter die sum.

21st. Continued well, but the bowels not being opened, he was ordered an ounce of castor-oil, which, after operating, brought back a slight return of pain in the belly. This was speedily relieved by adding ½ grain Extr. Belladonnæ to his draught. After this he only complained of pain and tenderness of his legs and soles of his feet; after taking a few doses of quinine he was dismissed cured August 3d.

He remained quite well till November 4, when, after being engaged in a long 'flating' job, slight pain again affected his bowels, which had been for some days costive, until the 5th, when they were opened by castor-oil. The pain increased to the time of his admission, November 5th, and was then very violent about the umbilicus, and extending to left hypochrondrium; increased at intervals, and increased by pressure. He feels great coldness in legs and feet.

The same treatment as before was employed, and with equal success, except that a turpentine injection was necessary to aid the pills in opening the bowels; and the pain in the abdomen was not entirely removed till the 11th, when the pupils were considerably dilated, and there was slight heat in the throat from the belladonna.

Again on recovery from the colic, this patient complained of tenderness and pain in his legs and feet, which occasioned his detention in the hospital till December 2d. To remove these, which were considered nervous, he was given first the muriated tincture of iron, then sulphate of quinine, and lastly iodide of potassium with decoct. cinchonæ.

The effect of lead on the bowels seems to be to impair their peristaltic action, whilst if it do not increase, it certainly does not impair their sensibility. Unable to contract on their contents, portions of the intestines become distended with fæculent matter and gas, which, irritating their sensitive fibres, cause the severe colicky pains so much complained of. At first these pains are often relieved by pressure, which counteracts the distension; but often the bowels become so generally sore and tender, from the continuance of the irritation, that external pressure is hurtful. So too, if the bowels be not relieved of their contents, enteritis may result with all its pernicious consequences. In the present case, as usual, the great indications were to stimulate the paralyzed intestines into action to expel their irritating contents, and at the same time to lower their sensibility, and thus relieve the pain. As there was tenderness as well as pain, it was thought safe to apply leeches and fomentations, to remove any inflammatory affections that might have commenced; but the chief means of fulfilling the indications were by purgatives and narcotics. The purgatives chosen were of the most active kind, calomel and croton oil, under the impression that those which can soonest answer their end are in truth the least irritating. The narcotic selected was extract of belladonna; its peculiar eligibility depending on the fact that although powerful in deadening sensibility and convulsive action, it does not appear to impair the vermicular motions of the intestines, or to arrest the secretions, as opium does. In my experiments on animals, I was surprised to find, in animals poisoned with belladonna and stramonium, how well the intestines retained their irritability, when that of the bronchial fibres was quite destroyed. In this and other cases in which I have tried it, this combination acted very speedily and satifactorily.

After the bowels were fully opened and the pain relieved, alum was given to promote the tonic contraction of the intestines, still combined with belladonna to prevent a return of pain. Alum has been much given of late in Paris, as a remedy in painters' colic; and I believe that its efficacy depends on its local tonic or astringent effect; but it is of no use till after the bowels have been well opened.

The neuralgic tenderness and pains in the legs, which the patient complained of, after both attacks of colic, might be ascribed to the direct presence of lead in these parts; but I am more inclined to class it with the cramps of cholera and other affections attended with irritation of the intestines. Pains and cramps in the lower extremities are very common symptoms of disorder in the colon. They probably depend on a reflex action, by which sensations as well as motions are excited in distant parts. Many other instances of what are called sympathetic pains are probably of this kind; such as the pain in the right shoulder with disease of the liver, pain in the breasts in dysmenorrhœa, &c.

FROM THE LONDON MEDICAL GAZETTE.

Kiestein as an Evidence of Pregnancy.

In No. 11 of the Guy's Hospital Reports there is a valuable paper upon this subject, by Dr. Bird, in which he enumerates many cases to prove the existence of this principle in the urine of pregnant women. The object of this paper is not only in furtherance of its value as such a test, but to point out certain precautions to be observed in the experiments, in order to prevent fallacy.

The urine should be procured at a time when the woman is as free from disease as possible; and we believe that passed early in the morning, after rest, gives the least variable indications. This should be exposed in a tall narrow glass, to a continuous temperature of about 70° of F.; if a much lower temperature than this is used, say about 40°. We have known the urine to stand for more than a fortnight without undergoing any change, although it be replete with kiestein or its principles, at a temperature of 70°. However, if the woman be pregnant, we shall observe, in two or three days, the first indication of its presence by the urine becoming turbid. In a day or two more a thin pellicle forms on its surface, and this gradually acquires consistence up to a fortnight from the outset of the experiment. But long before this time you will have noticed its characteristic odor; certainly not like cheese, to which Dr. Bird compares it, but precisely analogous to the smell of raw beef beginning to putrify; it is emphatically a *putrid smell*. We have kept the urine more than a month after this, but it never loses either its pellicles or peculiar odor.

Besides the error likely to arise from the adoption of too low a temperature, where the kiestein would not be separated, we would warn the early experimenter not to fall into the opposite error of confounding the pellicle which forms upon all urine on standing, especially that which contains the lithates in excess; the more so as the general as well as microscopic appearance of this pellicle is often precisely like that of kiestein. The appearance we are now alluding to, however, is never accompanied with the putrid animal odor; but, on the contrary, gives out a copious smell of ammonia, and when disturbed, falls immediately to the bottom of the liquid. These are the two especial distinctions.

On the value of this test we shall be very brief:—Of the 30 cases examined by Dr. Bird, 27 gave the required indications of the presence of kiestein; the other three were at the time suffering under febrile excitement. Dr. Bird could not detect it in the urine of unimpregnated women, or after parturition, and during suckling.

In the American Medical Library, as quoted by the British and Foreign Medical Review for October last, is a report of the experiments of Drs. McPherters and Perry, the resident physicians at Philadelphia Hospital. These gentlemen found it in the urine of 24 out of 27 pregnant women. Of the three negative cases, two were not in health when experimented on; further, they could not detect it in the urine of 27 unimpregnated women.

In our experiments, which have been made at all dates, between the second and ninth month of utero gestation, there was unquestionable evidence of kiestein in 48 out of 50 cases. We are unable to account for its absence in the two exceptions, for we took care at all times to have the urine from women as free from disorder as possible.

In 17 non-pregnant women there was no indication of its presence. In examining the urine of 10 women during the time of suckling, we found it in all immediately after delivery, but that the evidence of its existence fell off at a period between the second and six months.

A question now naturally arises as to the cause of the presence of this principle, and what is its composition? It appears easily accounted for on the known sympathy that exists between the uterus and breasts; the latter of which, taking cognizance of the gravid condition of the uterus, prepares itself betimes for the proper performance of that function which by and by is to become its necessary duty. Certain principles analogous to those of milk, being imperfectly secreted, may, in this nascent condition, become reabsorbed; because, as Dr. Bird suggests, they do not find a ready outlet, and getting into the blood are excreted thence by the kidneys; and this habit of reabsorption may go on for some little time after the birth of the child.

The composition of kiestein is not so easily made out: examined by the microscope it consists at first of a multitude of globules, varying in size from the 1-32000 to the 1-8000 of an inch; after a time these break up, or coalesce and form flakes, and then crystals of triple phosphate generally become pretty abundant in it. This shows that greasy appearance of the pellicle is not due, as Dr. Bird supposes, to the triple phosphate, for this is after formation; nor are these globules composed of fat, for they are perfectly insoluble in ether. We have not been able to detect them in the urine until it becomes turbid, so that they appear to be formed in the urine after expulsion. They are soluble in alkalies and in boiling acetic acid, and give all the reactions characteristic of coagulated albumen or fibrin: to these, then, they are most analogous; but nothing but an ultimate analysis can determine their identity or not. The globules do not differ in appearance from those contained in milk, but their complete insolublity in ether shows that they do differ.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Medical Institution of Yale College.

The degree of doctor in medicine has been conferred upon nineteen students of this institution.

Castleton Medical College, Vt.

The annual announcement of this establishment has been sent us by the President of the Faculty—Professor McClintock. During the twenty-four years this school has existed, it has afforded instruction to upwards of 2,200 pupils, of whom more than 600 have received the degree of doctor of medicine. The annual course of lectures will commence on the second Tuesday of March, and continue three weeks.

Albany Medical College.

The museum of this institution, owing to the well bestowed liberality of the State, and the intelligence and enterprise of the Professors, although it dates its origin only to a few years since, may already safely challenge any similar institution in the Union. Accurate illustrations of the various diseases incident to the human body have with great labor and cost been prepared and appropriately arranged. A number of magnificent wax and *papier maché* preparations have just been added to the collection. A very perfect set of illustrations of the impregnated uterus, have also been recently added to the museum. They are made of *papier maché*, and represent with most astonishing minuteness, the various stages of pregnancy, from that of ten day's duration to the full time. Beautiful examples of ovarian and tubal pregnancy are executed in the same faithful manner. It is gratifying to know that a large and increasing number of students attest that the efforts of the Professors are properly appreciated.

Pharmaceutical Society of Great Britain.

This association, which has recently been organized, is to resemble in constitution the colleges of pharmacy now flourishing in various countries of Europe and in America; its main object being to facilitate, promote, and advance the scientific education of young men entering upon that calling, by enforcing their attendance upon lectures on materia medica, pharmacy, chemistry, and botany; and subsequently to grant them a license to practice pharmacy when a competent board of examiners shall deem them fully qualified. It is the avowed intention and purpose of the members of the association to adhere strictly to the dispensing of medicines, and by no means to encroach upon the legitimate functions of medical men.

We understand that nearly one thousand of the chemists and druggists of Great Britain have already enrolled themselves as members; and the members are increasing every week.

To Correspondents.

Professor Williams in our next.

Our friend who writes from "Cape May Court House," is informed that in *no* case is our journal forwarded without payment in advance.

A great number of communications have come to hand, and are under consideration.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, from the 29th day of January to the 5th day of February, 1842.

35 Men, 45 Women, 50 Boys, 40 Girls. Total, 170.

DISEASES.

Apoplexy	2	Insanity	0
Asthma	3	Intemperance	1
Asphyxia	1	Inflammation	4
Abscess	1	Of liver	1
Aneurism	2	Of bladder	1
Bleeding	2	Of brain	1
Bleeding from stomach	0	Of stomach	2
Bleeding from lungs	2	Of chest	0
Burned or scalded	1	Of lungs	1
Casualties	1	Of bowels	0
Cholera infantum	1	Of throat	1
Cholera morbus	0	Of womb	0
Cancer	2	Killed or murdered	0
Consumption	26	Locked-jaw	0
Convulsions	14	Lues Venera	0
Croup or hives	1	Mortification	0
Debility	0	Malformation	2
Delirium tremens	1	Marasmus	6
Diabetes	0	Measles	1
Diarrhœa	3	Old age	5
Death from poison	0	Organic disease of heart	2
Dropsy	4	Palsy	1
Dropsy in head	5	Rupture	1
Dropsy in the chest	2	Rheumatism	0
Drowned	1	Spinal disease	0
Dysentery	3	Suicide	1
Erysipelas	2	Sprue	0
Epilepsy	0	Small-pox	5
Fever	2	Scrofula	0
Scarlet	9	Teething	1
Typhoid	8	Tumor	0
Puerperal	0	Unknown	4
Remittent	2	Ulceration of throat	0
Bilious	0	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	5
Gravel	0	Worms	0

AGES.

Of 1 year and under, 38; between 1 and 2, 15: 2 and 5, 23; 5 and 10, 11; 10 and 20, 3; 20 and 30, 21; 30 and 40, 16; 40 and 50, 13; 50 and 60, 9; 60 and 70, 6; 70 and 80, 6; 80 and 90, 3; 90 and 100, 0; 100 and upwards, 0; unknown, 0.

William A. Walters, City Inspector.

City Inspector's Office, Feb. 5, 1842.

A GENERAL BILL
OF
THE BURIALS WITHIN THE CITY OF LONDON,
AND
Bills of Mortality, from Dec. 15, 1840, to Dec. 14, 1841.

DISEASES.

Abscess	41
Age and debility	1593
Apoplexy	157
Asthma	355
Cancer	54
Childbirth	92
Cholera	3
Consumption	1959
Constipation of bowels	12
Convulsions	1066
Croup	34
Dentition or teething	211
Diarrhœa	18
Dropsy	251
On the Brain	201
On the Chest	22
Dysentery	6
Epilepsy	16
Erysipelas	39
Fever	315
Intermittent or ague	2
Scarlet	101
Typhus	39
Fistula	2
Gout	6
Hæmorrhage	26
Heart, diseased	103
Hernia	3
Hooping Cough	283
Inflammation	664
Bowels and Stomach	143
Lungs and Pleura	325
Inflammation of Brain	130
Influenza	49
Insanity	66
Jaundice	11
Jaw, locked	2
Liver, diseased	41
Measles	229
Miscarriage	4
Mortification	56
Paralysis	85
Rheumatism	15
Scrofula	4
Small Pox	254
Sore Throat & Quinsey	21
Spasm	11
Stone and Gravel	5
Stricture	4
Thrush	34
Tumor	25
Venereal	1
Worms	3
Unknown Causes	4952
Casualties, as under	342

CASUALTIES.

Drowned	57
Excessive Drinking	15
Found Dead	19
Accidents	147
Murdered	6
Poisoned	4
Suicides	21
Visitation of God	73

Buried—Males, 7,193; Females, 7,406. Total, 14,599.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, FEBRUARY 19, 1842. No. 8.

REVIEW DEPARTMENT.

The Principles and Practice of Obstetric Medicine and Surgery, in reference to the Process of Parturition. Illustrated by One Hundred and Forty-two Figures. By Francis H. Ramsbotham, M. D., Consulting Physician to, and Lecturer on Obstetric and Forensic Medicine at the London Hospital, &c. &c. First American Edition, Revised. 8vo. pp. 458. Philadelphia: Lea & Blanchard. 1842.

It is truly humiliating to reflect on the obstacles which obstetric science has been obliged to encounter in its progress towards that appropriate and honorable position which it has only very recently attained. The natural prejudices of females against admitting a person of the opposite sex to undertake the duties required of an attendant on the trying process of parturition, and the vulgar prejudices of the ignorant, are easily accounted for, but that learned bodies, such as the Royal College of Physicians, should set themselves in determined hostility to this science, and exclude from their fellowship its professors, seems utterly inexplicable. The establishment in the year 1826, of the "London Obstetric Society," was the first movement in Great Britain to give the practice of this important branch of medicine that place in public estimation which it so eminently deserves. Since the organization of that association the science of obstetrics has rapidly advanced; it has been made a separate branch of collegiate medical education, and all candidates for the diplomas of the British Universities, are obliged to adduce testimonials of having diligently applied themselves to its study. On the continent of Europe still greater attention has of late been directed to midwifery, and the contributions to its literature from French and German practitioners have been exceedingly numerous, and demonstrate the high position which the science has attained.

The volume before us is the production of one of the most judicious and experienced obstetric practitioners of the day; and in expressing our opinion that it is one of the very best treatises on practical midwifery in our language, we only reecho the united voice of the conductors of the British medical press. The illustrations, which first appeared as an *Atlas of Plates*, constitute by far the most extensive and accurate series ever published. In a very few instances the lithographer has fallen into error, but as a whole these engravings are unsurpassed, and are alone well worth the price of the volume. The name of the respectable and well-known publishers affords sufficient guarantee of the excellence of the present edition, and renders the expression of our approval of its mechanical execution altogether superfluous.

Regarding Dr. Ramsbotham's work as in several points of view the most interesting and valuable treatise of midwifery with which the profession has been recently presented, we intend to make it the subject of a somewhat extended analytical review, in the full confidence that we will thus perform an acceptable service in the estimation of our readers—whose name, we are rejoiced to say, is even now, "Legion."

The mechanism of the process of parturition is naturally the first topic presented to the attention of its student. Before this process can be properly understood, the organs subservient to it must be attentively examined, and in this investigation the

BONY PELVIS

is first presented.

On the individual bones composing the pelvis we need not here descant, we shall only particularize such parts of each as may be more important to the obstetrician. At the junction between the ilium and sacrum is interposed a piece of fibro-cartilage, about a sixth or eighth of an inch in thickness, so that the bones are separated to that extent; and it is invariably remarked, provided the joint is healthy, that, when the ligaments are cut, and the two bones forcibly wrenched asunder after death, the cartilage adheres to the sacrum, leaving the ilium denuded. In structure it is more like the intervertebral substance than any other tissue of the body: it is arranged in concentric layers, and is softer towards its posterior edge than in the front. The object of this soft elastic pad being situated in this place is evidently to break the shock, and prevent the jarring sensation which must otherwise have been experienced, in the violent actions of the body, such as running and leaping; and it may also act as a cement in glueing these bones together.

The spinous process of the ischium is an object of more intense interest to the obstetrician than its small size would lead us to suppose; because it is sometimes of undue length, or is bent too much inwardly. By such a construction, the capacity of the outlet is materially encroached upon and diminished, and, in a proportionate degree, the passage of a child's head in labor is retarded.

The pubic bones are not in contact at the symphysis; for there is a considerable thickness of the cartilaginous matter placed between them, as is found at the sacro-iliac symphyses. Some anatomists have affirmed that there is a double joint, one on each side of the central cartilage; others, that there is only one; and others, again, that although occasionally an imperfect synovial membrane may be seen, by far most frequently, neither can a cavity be detected, nor any apparatus indicative of the presence of a joint: and this latter seems to be the idea of the best anatomists of the present day.

> "The coccygeal joints are of great value in the process of labor. Their mobility much facilitates the exit of the head, by enlarging the outlet of the pelvis in the anterior-posterior direction. The increase of space thus gained amounts to an inch or more; for the point of the bone may be bent backwards to a line continuous with the sacrum, or even beyond, so as to form an angle outwards. Occasionally, indeed, the coxyx becomes anchylosed to the sacrum, and its own joints also are destroyed by a deposition of osseous matter between the separate pieces, so that their mobility is lost, and the bone becomes, as it were, a portion of the sacrum itself. Such a consolidation must offer a considerable impediment to the expulsion of the head, by contracting the pelvic outlet: and this, though a rare, is therefore another cause of lingering labor. It is most usually met with in woman bearing a first child late in life, and those who have been accustomed to sit through the principal part of the day." p. 23.

When the coccyx is in this state, it will sometimes break; either through the expulsive efforts of natural labor, or from the employment of instruments. Dr. R. says, where the bone broke or the anchylosed joint gave way, no permanent injury ensued.

> "There was (were?) some pain and inconvenience for a time, but eventually reunion was effected, and the distress occasioned was inconsiderable. The best mode of treating such a mischance would be to keep the patient in a state of perfect rest—to interdict her lying on her back—to prevent, if possible, any external pressure on the part, and to keep the bowels moderately open. On the one hand, the frequent evacuation of the rectum, by causing almost constant movement of the fractured portions one upon another, would interfere with ossific union: and, again, if the lower bowels became filled with hardened fæces, then expulsion would probably disturb whatever degree of reparation might have been procured. Not only should our object be directed towards obtaining a consolidation of the separated ends, but we should also endeavor to preserve the coccyx, as nearly as we can, in a continuous line with the sacrum; for it is evident, that if the junction takes place while the point of that bone is directed greatly forwards, the size of the pelvic outlet will be lessened in the same degree, and in any subsequent labor a proportionate difficulty will necessarily exist." p. 24.

Our author then proceeds to describe the

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After a few remarks on the distinctive peculiarities of the male and female pelvis and skeleton, Dr. R. goes on to speak of

THE FŒTAL SKULL;

its shape and dimensions at birth—anatomical peculiarities—the necessity for learning the situation of the fontanelles and sutures—the advantages of the peculiar structure of the fœtal head, and its expulsion vertically, are described with great clearness and precision. The author dwells emphatically on the importance to the obstetrician of acquiring a familiar acquaintance with the form and situation of the fontanelles, and general character of the fœtal head.

> "The vertex is generally the presenting part, or that which offers itself most readily to the finger on examination.* This may be regarded then as the most natural presentation; the head when placed with the vertex downwards, will pass through an aperture of much less dimensions than it would do, were any other part descending first. * * * * If there is an obstetrical examination we distinguish the posterior fontanelle readily, we know that the vertex is presenting; we may presume that the fœtus is placed in the most favorable position, and we may augur *cæteris paribus* an easy termination of labor. If, on the contrary, we at once distinctly feel the large, open, diamond-shaped space, we are satisfied that the brow or forehead is downward. We know that this is an unfortunate situation of the head, because so much more room will be occupied in its transit; and we are therefore, prepared to expect that the case will be lingering; we may even feel justified in attempting to place the head in a better direction." p. 33.

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If we look at the head of the child, and the cavity through which it has to pass, in a mechanical point of view, (which we must do before we can arrive at a correct knowledge of the process of parturition, even in the simplest and most easy state,) we shall immediately perceive that *size*, as regards the head and pelvis, is entirely a relative term: and that a pelvis preternaturally small, or a head unusually large, will each in practice occasion difficulty in the same degree as they deviate from the standard dimensions; so that it matters little whether the disproportion be the consequence of diseased action or any other cause: provided it exists, to a certain extent, it must necessarily be productive of a protracted struggle.

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Deformity may be partial or general; partial, when either of the parts, the brim, cavity, or outlet, is simply the subject of derangement—general, when all these are more or less involved. If the vicious formation be confined to the brim, the diminution in size is almost always produced by the promontory of the sacrum jutting too far forwards, and by this means contracting the conjugate diameter; if to the cavity, by the sacrum being too straight, so that the bone does not possess its due curvature; if to the outlet, by the tuberosities of the ischia approaching too near each other; or by the spinous process of the same bones being too long, and directed too much inwards: or again, by the joints of the coxyx having become anchylosed, and having thus lost their mobility. Of these irregularities the most frequent of that met with is at the brim: the most rare, an undue straightness of the sacrum.

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The Professor remarked that he would enumerate the diseases of the parotid gland in the order of their frequency of occurrence, and then in accordance with this arrangement he next spoke of what he denominated the

'SCLEROCELE'

of the gland, by which he understood a general enlargement of its whole structure from causes that he could not at present enumerate. He would simply state that 'it would take place when any inflammation should have affected the whole gland and not go off kindly, but leave the gland in an enlarged and hardened state.' The Professor had seen this result from 'mumps.' This affection has not the characteristic hardness of scirrhus. As it may terminate in serious disease, the surgeon should be prepared to adopt very active treatment, and should also inform his patient that serious disease may be the result. Counter-irritation, blistering, leeching, the exhibition of alteratives, should be had recourse to immediately; and after this treatment has been persevered in for a sufficient length of time, and no impression is made on the disease, then it will be proper to recommend the exsection of the gland. If the disease have advanced so far as to preclude an operation of that sort, then it would be proper to tie the great arterial vessels connected with it, in the hope of 'starving it out.' In speaking of the application of a ligature on the carotid in such a case or any other, the Professor reminded the students that there were, generally speaking, but two points of danger connected with the operation—first, 'the irritation which may result from the proximity of the artery to the larynx; and secondly, secondary hæmorrhage from ulceration.' But it was necessary to tie also three or four branches of the temporal artery, to 'cut off the retrograde current which flowed through them.'

SCIRRHUS OF THE PAROTID.

This affection is comparatively rare. The gland may not be at all enlarged, but on the contrary may be diminished in size. The great characteristic is the induration. The Professor referred to one case in which even the duct was hardened so as to feel 'like a pipe-stem.' Occasional, darting pain, was another characteristic. There was no discoloration of the integuments in the early stages of the disease. Extirpation was of course the only successful mode of treatment.

MELANOSIS.

The Professor exhibited a preparation of a case of this affection of the gland, which was he said perfectly unique. He had met with a case of this description a dozen years ago, in a gentleman from the West Indies. The Professor extirpated the disease.

REMOVAL OF THE PAROTID GLAND.

'Can this gland be removed?' Yes. But some have said that it could not. The operation was performed in this country by Dr. White, of Hudson, long before we heard of its being done in Europe. It was also successfully done at an early date by Dr. Maclellan, of Philadelphia, a true gentleman although a foreigner,(!) and who came to this country with four cents in his pocket! He must then be a great man, or he wouldn't be as well off as he is now. This operation was perfectly successful in the gentleman's hands. What steps are to be taken in order to enable the surgeon to perform this operation with satisfaction to himself and comfort to his patient? The first thing I would advise you to do, is to take the current of blood from it. I can perform great operations without tying arteries, as well as my neighbors, but if my experience is worth any thing at all to me, it teaches me that I can always go through an operation with greater confidence and safety to my patient by blocking up the great highways leading to the part before the operation. In this case, then, tie the external carotid; if you don't feel content with doing that, tie the common carotid. And there is one thing connected with these great operations about the face—not so much with respect to this as some others, but still proper to be borne in mind; the more you take off the supply of blood, the more you diminish the danger of inflammation afterwards. And remember also, to make your first incisions in the course of the great trunks, you then secure them, and you are not impeded 'and bewildered, as you otherwise would be, by a gush of blood at every step.'

A Course of Lectures on Diseases of the Rectum.

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS,
CROSBY STREET, NEW YORK,

BY ALEXANDER H. STEVENS, M. D.,
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[REPORTED BY THE EDITOR.]

Lecture II.

Gentlemen:—It was said of an ancient Greek philosopher that after solving a difficult problem in metaphysics, he cried out Eureka! And indeed the greatest pleasure which the human mind is capable of enjoying, is that which results from the attainment of the knowledge of the truth. Next to that, gentlemen, is the pleasure of imparting to others that knowledge, and which I certainly enjoyed on the occasion of our last meeting, in the intelligence with which you comprehended, as I could clearly see, the ideas which I had the happiness to convey. (Applause.)

You will remember that I began my remarks by recalling to your minds the position of the rectum, and the mode in which it performs its functions; how, on the one hand, it was so placed as to resist, to a great extent, the causes which tended to protrude it while in the performance of its functions; and how, on the other hand, this performance of its functions did tend to protrude it, even when in a state of health, to a considerable degree. I also endeavored to settle, for the first time, a mooted point in the pathology of prolapsus ani, and, I think, I showed that while a large proportion of cases, especially those occurring in adult age and from hæmorrhoidal disease, consisted in an eversion merely of the inner coat; that on the other hand, all the cases of prolapse in children, and for the most part unconnected with hœmorrhoidal disease, consisted of an eversion of the whole gut. I added that the latter circumstance sometimes occurred in adults, and I gave you a case in which the patient had been subject to a prolapse of this description for a period of twenty-seven years, and I related the manner in which he was successfully treated.

The wife of the captain of one of our packets who labored under an affection of this kind, and who had been operated on about two years before by some one, and by whom it was none of my business to inquire. A few weeks after the operation, retraction gradually began to take place, attended by very severe straining. She, of course, felt excessively uncomfortable under these circumstances, and used her hand to prevent the bowels from coming down, and then resorted to the use of an injection, restricting herself almost altogether to liquid food. I passed my finger, previously well oiled, and having the flat-part of a scalpel on the fore-part, pushed finger and all into the rectum. The contraction of the sphincter brought its fibres immediately before the edge of the knife, and partly in going in and partly in coming out, I completely divided the sphincter. I done the same on the other side——where? Why, just where it was best to avoid the vagina in front and the arteries below. It's worth your while to remember this. If you cut down and backward, you come immediately in contact with these vessels. But cut horizontally. Indeed, in that case, it was not necessary at all to cut the internal sphincter—it was the external and a portion of integument, amounting perhaps to an inch and a quarter to an inch and an half—go on as far as you can find any muscular fibres. But that 'aint' enough. This lady was not cured by that operation alone, but by the after treatment, which Dr. Watson conducted, and which consisted in the introduction of lint, rolled tight and smeared with simple salve, and afterwards rectum bougies. How long are they to be kept up? This was a point on which I knew nothing from actual experience, but I was aware that in cases of burns the tendency to contraction of the integuments lasted for six months; so I inferred that the same length of time was necessary to complete a cure in this case, and I accordingly continued the use of bougies for that period, and the cure is complete. This was four years since. But don't trust to any means of temporary cure. I have no doubt that if the dilatation in this case had been left off much sooner, the contraction would have been as bad as ever. This is one of perhaps a dozen cases I have met with, but it is sufficient to illustrate the nature and treatment of the affection.

SECONDARY HÆMORRHAGE.

You sometimes have that—you have perhaps committed some error, which has this result. What is to be done in such circumstances? As a general rule, keep your patient in sight after any operation here, and don't be far out of the way for four or five hours; be sure to return, if you go away, about the time that arterial reaction takes place, and then the first view of the aspect of the patient will tell whether all is right, or whether there is internal hæmorrhage. If you find your patient pale, sweating, with a lank lustre eye, complaining of colicky pains, you may be sure that there is something wrong. Nervous depression will occasionally produce somewhat similar symptoms, but you can easily distinguish those which denote internal hæmorrhage. But what are you to do? Let the patient get up and evacuate his bowels, and so you get rid of the clotted blood which accumulated in the rectum; you then go to work to ascertain where the bleeding comes from. For that purpose, separate the buttocks and introduce this cylinder with one portion of its surface removed, and by turning it round you have the bleeding part brought clearly into view. Then in order to apply a ligature you take a forceps—not a common one, but one made for the express purpose. It is not a pointed forceps, but has a point perhaps an eighth or sixth of an inch broad, and from the edges of each point little hooks go and cross each other. This gets a sure hold—as sure as death! (a laugh) it wont slip from it, neither is it so pointed that the end of the forceps is involved in the ligature. Somebody wrote on the 'Miseries of Human Life' many years ago, and among them was that of using bad pins—a surgeon cannot endure a greater misery than to be obliged to work with *bad forceps.* Well, how are you to get the ligature on? Take something like a crooked fork. [Dr. Stevens here exhibited the several instruments required in this operation, which he explained by the appropriate manipulations.] Here, gentlemen, he continued, is an instrument for sounding the rectum, and discovering strictures which do not exist! (A laugh.)

If I had time, gentlemen, I might read descriptions of many interesting and instructive cases which I have received from the patients themselves. I will state in brief what I learned from them. One man says he can only evacuate his fæces by putting the chamber-pot on a chair. Well, to a man slightly affected, you can recommend that practice. Another always evacuates his bowels at bed-time, in order to have rest and quiet afterwards: well, that is worth remembering, and should be recommended to the person who does not require any further surgical treatment. Another uses injections of iced water—that's worth remembering. Another uses belladonna and stramonium ointment with good effect—note that too. A distinguished judicial officer of the United States, who refused to submit to an operation for fissure of the rectum, thus describes the mode in which he treated himself:—'I betook myself to bed and maintained the horizontal position; I kept myself on a very spare diet—living on arrow root and gruel. After a day or two thus spent, I requested my surgeon to apply caustic; this he did twice by passing the pencil slowly over them, which was done by the aid of long forceps—the introduction of the speculum being impossible. The application of the caustic produced acute suffering at the time. I used flax-seed enemas every day, and warm hip-baths every other night, and regularly used the belladonna ointment. Under this treatment I got well in nine or ten days,' (about the time he would, if he had submitted to an operation.) 'I have little doubt,' he concludes, 'that this mode of treatment would succeed in a great many cases of fissure of the anus; at any rate it is worth trying.'

Gentlemen, I will say a word or two about

MALFORMATIONS OF THE RECTUM,

which I take up the more readily because I was taught that in cases where you are obliged to operate for the formation of an artificial anus, the child necessarily dies. This is quite erroneous. [Dr. Stevens here read the description by the father of a child in whose case the anus terminated in a *cul de sac* about three-quarters of an inch above the point where the rectum naturally terminates. In this case Dr. Stevens operated with perfect success for the formation of an artificial anus.]

POUCHES OF THE RECTUM.

Dr. Physick described a state in which portions of feculent matter became lodged in little sacs near the anus, and he concluded that the irritation thus produced was the cause of a very terrible disease, to wit:

'AN ITCHY RECTUM,'

which is indeed one of the most unmanageable diseases with which a practitioner can meet. Dr. Physick supposed these little pouches to be preternatural, but further examination has shown that they exist in every subject, but that the lodgment of feculent matter within them be really the cause of disease, is more than I consider as absolutely proved. More experience is necessary on that point. Like every other new thing, too much was made of this. In a neighboring city, for a time, every body had this disease; the surgeon would take a curved probe and put it up and down the rectum, he would catch something, 'ah! there it is!' so every body had it. I have operated in such cases, and no cure. Dr. Physick said it was only necessary to cut out that—well, I done so, but I did'nt cure my patient. Therefore, believe no such thing.

This itching of the rectum occurs most commonly in persons of a fat habit of body, and as far as I have seen, exclusively in males about middle age—gentlemen, jolly fellows, that take a glass of wine—not too freely—but who have, and know how to enjoy all the comforts of life. (A laugh.) The disease is marked by an intolerable burning pain. The hand is almost involuntarily drawn to the part, which the patient is constantly scratching till it bleeds; and it is somewhat allied to eczema in that respect. All sorts of things have been done for this without much benefit. The afflicted subjects of it have been put on vegetable diet, all kinds of ointments been used, and caustic applied without any relief. I have used lead-water lotions, leeched it, I don't know what I've not done, and all to no purpose.

I have a word or two to say, gentlemen, on

DISCHARGES OF THE RECTUM.

A gentleman came to me once and said he had passed a quart of purulent matter by stool. Said I, 'is it pus?' 'Yes,' said he, and sure enough when I went up to his house, examined it, I found he was right. He said he felt weak, but complained of nothing more. From that day to this I have had no solution of this case. But my mind was thus naturally turned to the subject. Well, perhaps the man has caries of the vertebræ, or a lumbar abscess, which has broken and discharged into the rectum.

I have seen a man discharge a pint of blood. Well, that may arise from ulceration of the rectum. Again, it is not uncommon in bilious fevers to have bloody discharges from the rectum; patients often go off in that way. I suppose that arises from obstruction of the portal circulation—the blood cannot get back and comes out in this way. Again, we have ulceration of the stomach, and a vein may be ulcerated and give forth its blood; but in general I believe those discharges come from the surface. Sometimes the urine comes from the rectum. I remember meeting a case of that kind. Dr. Post said he suspected a communication between the colon and the bladder; and so it turned out. A medical gentleman in Mobile, Dr. ——, once sent me a planter from Alabama, who made water by his rectum. He had stricture of the urethra, and some dolt had, I supposed, pushed the catheter into the rectum. (A laugh.) But the amount of it was, that he had to hold a pot in front, whilst Quasha held another behind; and as I witnessed the operation, Quasha called out 'Oh! Oh! Massa, Quasha has got most!' and so it was—he had ten times as much. I was fortunate enough to cure this gentleman. I passed a solid catheter as far as it would go till it reached the stricture; I then cut down on it, and the water came from the bladder by the urethra. I kept a bougie in until it was all snug. In about five weeks he went home cured, and about a month since I had a letter from him stating that he continued perfectly well.

HŒMORRHOIDS.

As regards the treatment and all that, what I have said with regard to prolapsus is sufficient in reference to this. A man comes to you and says that when he discharges his feculent matter he finds blood on the paper—'now and then,' says he, 'there is a table-spoonful discharged—what can I do?' Well, I tell him, don't live quite so high; eat roasted apples; easily digested food; evacuate your bowels regularly every morning; if you're fond of smoking, take a segar with you, but don't sit too long; if you can't get on comfortable evacuations, inject cold water. 'But can't I have an ointment?' he may ask. 'Yes,' you may give him one of this kind:—

℞ Adipis suillæ ℥i.
Pulv: gallar: ʒij.
Acet: plumbi.
Pulv: gum: op: aa ℈ss.
Misce. Fiat unguentum.

Or you may give a wash of camphorated spirits and sugar-of-lead water; and this is a more cleanly application than the other, and so he may get on very well without further trouble

Then, again, perhaps you are sent for to a public house to see a traveller just arrived from a long journey; he has drank freely; sat for days and nights in a stage-coach, and he is now suffering from a severe attack of piles—they are bleeding, and he is in great pain. If it be not necessary to scarify the piles and let the blood out, apply sugar of lead and laudanum, and then return the protrusions. The great difficulty is in getting them up; but when that is done, there is no more trouble. I might entertain you, gentlemen, long enough with discussions about the nature of hœmorrhoidal diseases, but what they are,—I'll be hanged if I know! (Great laughter.) Some think they are large veins—others that they are large arteries—some that they are *sui generis*. I'll only tell you this, that if you cut out one of them, you find it is a little lump about the size of a hazel-nut, with a structure something like honey-combs. What have I seen analagous to a 'pile' in other parts of the body? I have seen two cases of diseased structure precisely like it; one, the case of a man who had a tumor on the arm, and had undergone a number of operations without effect, and which tumor I finally dissected out, and so cured the man; that tumor was precisely in its structure like a 'pile.' The other case was that of a tumor on the elbow, which had the same appearance. But whether the piles are formed by large veins or not, is not settled, and perhaps it is not very important that it should be settled.

There is another extensive class of diseases on which much might be said—

FISTULOUS DISEASES OF THE RECTUM.

I shall endeavor to comprise what I have to say on this in a very few words. The cases are such as this. A man has been riding in a stage-coach, and bruised himself a good deal, and living high; finally he has a phlegmonous tumor on his backside. You poultice it, and open it. *Open it soon.* After some five or six days the inflammation subsides; then, for the first time, you examine the man, and find, on passing the probe, that it goes into the rectum. If the probe don't come within a quarter of an inch of your finger passed into the anus, you may, in general, cure that case, simply by keeping a free outlet for the matter without interfering with the sphincter. If on the other hand, you find that the probe comes within a shorter distance of your finger, you had better wait a while, and apprise your patient that an operation will probably be necessary. When the probe is separated from your finger only by membrane, you may be quite sure that any operation is necessary, and this condition of things forms what is called an external fistula, although it does not always arise in that acute way. It not unfrequently happens that with men of a scrofulous constitution, a lump of that kind will exist in an indolent state for five or six months, finally breaking out and producing the same result as in the case I have described. So there are two ways in which this may be produced, the acute and chronic. It may be either external or complete fistula.

But fistulas do not always go from outside to inside. Sometimes the abscess breaks internally, and then it is a 'blind fistula;' if one opening, 'incomplete;' if two, 'complete.' In all cases where there is an opening into the rectum, it is necessary to divide the sphincter, and that is very easily done. You pass your finger into the rectum, and introduce Pott's bistoury through the wound, and work it up till you get it as near your finger as you can, and then draw it down. It is not necessary always to cut down to the bottom of the fistula. The after treatment is the most important part of the operation. My direction is this: don't apply any dressing at all after the operation, and so let it remain for a few days. Then, on his first dressing it, I tell him to open the wound very carefully, and put a 'slack' piece of lint at the bottom of the fistula; don't stuff it—if you stuff your dressing into a fistula, you will produce a great deal of unnecessary irritation, which will protract the cure very much. Just put the lint in so as to separate the surfaces of the wound. But the patient will say, 'I will have a stool, and this will come out.' No matter. If it be separated once a day, it will do. Tell the patient it is done only to prevent its healing sooner at the top than the bottom. And as I don't like to make unnecessary visits for the purpose of running up a bill—(a laugh)—oh! I wish all were as conscientious in that respect—(applause)—but I tell the patient to send me the dressing every day, and if I find that the cloth is covered with thick healthy matter, then I know all is going on well; but if thin and watery, then I know that personal inspection is necessary, and perhaps another operation.

[Dr. Stevens here exhibited a drawing, executed in a very beautiful style by Dr. Westmacott, illustrative of a very remarkable and interesting case of a pendulous tumor, of a rosy red color, about three quarters of an inch in length, formed near the meatus urinarius, of which the subject was a young lady of fifteen years of age.]

Dr. Hosack, continued Dr. S., has written a paper on this subject, and as my experience is a little different from his, I am induced to say a word or two on this subject. I have seen three cases of this description. The essential features were the same in all, and they were all cured by snipping them off, and the application of caustic to the wound afterwards. The distress produced by such a tumor is inconceivable, and in all the cases I have seen, the nature of the disease was not discovered for years. Some supposed it to be leucorrhœa—a variety of diseases were imagined to exist before the real one was ascertained. In the case of which I have shown you the drawing, the patient was entirely prevented from going about, the least motion causing excruciating pain. She was finally induced to submit to an examination, and I cured her in the manner I have described. I may allude to another case. A young woman presented herelf to me some time ago, with, as she said, prolapsus uteri. Now, I never take any thing for granted. Indeed, I never wish to hear any thing from the medical gentleman who consults me, respecting the case on which he asks my opinion, because I have so good an opinion of my medical friends that I am led unconsciously as it were to adopt their opinions. Well, I didn't take it for granted that this was a case of prolapsus of the uterus. I put my finger in the vagina, and then in the rectum, and found it was a pushing forward of the anterior wall of the rectum into the vagina by a large mass of feculent matter. In speaking of the anatomy of the rectum I might have said that it enlarges into an enormous bag, and in which I have seen as much as a pint collected. When a person has any disease about the anus, he naturally shrinks from evacuating his bowels, and the surgeon is often obliged to spoon it out. Such cases occur, and in females not very rarely.

This concludes, gentlemen, what I have to say on Diseases of the Rectum.

Practical Surgery: with One Hundred and Fifty Engravings on Wood. By Robert Liston, Surgeon. 8vo. pp. 588. Second American from the Third London Edition, with additional notes and Illustrations. By George B. Norris, one of the Surgeons of the Pennsylvania Hospital. Philadelphia: Thomas, Cowperthwaite & Co., 253 Market street. 1842.

Mr. Liston occupies the very first rank among British operative surgeons. United with mechanical dexterity rarely equalled, he has sound scientific attainments of the highest order, and a great facility of communicating in clear and concise terms, the results of his experience and judgment, as the volume before us fully demonstrates. This is eminently a "practical" work, and is better adapted to the use of students than any treatise on surgery with which we are acquainted. The fact that three large editions have been sold in Great Britain, affords satisfactory evidence of the high estimation in which the book is held by the profession there; and we believe that the sale has been equally extensive in this country.

The notes of the American Editor are interesting and judicious, and proportionably add to the value of the work. He has called attention to certain points lightly passed over by the author, and presented the details of several "American operations," which from their originality or comparative novelty appeared worthy of notice.

Mr. Liston states that his great aim has been to produce a work which should be useful to the students of surgery and young practitioners—exhibiting a plain common-sense view of the most important injuries and diseases which are met with in practice, unencumbered by speculations or theories, and accompanied by simple directions how to conduct the treatment.

We may add a brief sketch of the general arrangement of the subjects discussed:—Division by the Knife, Ligature, and Escharotics—Union and after treatment—Injuries and Diseases of Bones—Injuries and Diseases of Joints—Injuries of Muscles and Tendons—Injuries and Diseases of Blood-vessels—Injuries and Diseases of Integument and cellular tissue—Restoration of Lost Parts—Morbid Growths and Enlargements—Amputations—Injuries and Diseases of Mucous Canals and Cavities—Injuries and Diseases of the Genito-Urinary Organs—Injuries and Diseases of Serous Cavities—Hernia—Congenital Deficiencies and Deformities.

The engravings are executed with great accuracy and beauty, and are in themselves admirably descriptive. The book is offered for sale by Messrs. Collins, Keese & Co., of this city, on extremely moderate terms.

Dr. Walshe on Cephalhæmatoma.

In the first volume of the 'Cyclopædia of Practical Surgery,' which has recently issued from the British press, there is an admirable essay on this peculiar and interesting affection, respecting which very erroneous opinions have hitherto been generally held.

Dr. Walshe recognizes three species of the affection according to the precise situation of the effused blood: the *extra-cranial*, the *intra-cranial*, and the *interstitial*. The former species is divided into two sub-species, the *sub-pericranial* and the *extra-pericranial*, terms which explain themselves. The interstitial species Dr. Walshe admits rather interrogatively.

The writer states that one of the objects proposed in his essay is to "exhibit, in the present diversity of opinion on some important points, the ample field still left for accurate inquiry." We shall indulge in one extract sufficiently proving that Dr. Walshe has not failed in his purpose:—

"The contradictory opinions held on the anatomical condition of the parts in this affection, leads us to expect any thing but harmony on the subject of its causes and mechanism. Numerous observers contend that it is caused by violence directly applied to the part during protracted labor, either from impaction (Feiler), or pressure against the sides of the pelvis (C. C. Klein); or from contusion with the forceps, &c. (F. B. Osiander.) But these practitioners, and others who have adopted very similar notions, have doubtless confounded the affection, which we now describe, with common œdematous scalp-swellings; for accurate observation has proved that it occurs most frequently after easy labor, during which the head has not undergone any notable pressure. Not a single one of Naegele's cases occurred after laborious parturition; Meissner, Hüter, and Valleix have observed it in infants extracted by the feet; it has been found in the second born of twins presenting the breech; and we have seen how frequently its existence has been ascertained before or immediately after the rupture of the membranes. Hence the opinion referring the affection to severe pressure or contusion is untenable. Michaelis ascribes the effusion to the exposure of the diploe resulting from the carious destruction of the external table; of this opinion we have already seen the error. Naegele vaguely refers the rupture of vessels to abnormal development of the bone; Meissner and Neumann to displacement or riding of the bones of the scalp during labor; Brandau to a congenital relaxed state of the vessels of the head; Stein fancies the disease produced by an abnormal disposition of the vessels; Siebold by a state of the vascular system of the bone analogous to the aneurism by anastomosis of the soft parts. All these notions are either clearly shown to be incorrect by the previous description, or at the best insignificant and hypothetical. Busch having observed a large blood-tumor on the occiput of a child delivered with the forceps, which communicated with the sinuses, deduced a general theory of the disease from this example of a totally different affection. Dzondi believes the proximate cause of the affection to consist in imperfect development of a part of the parietal bone, the diploe of which is *at the time of birth uncovered by an external table.* The delicate vessels of the diploe are burst, he supposes, by the forcible rush of blood to the head, consequent on the action of the uterus or of pressure against the sides of the pelvis. The imperfect development of the bone in the affected part he attributes to the continuous pressure of the promontory of the sacrum on the head, and especially on either parietal bone. M. Paul Dubois considers that from the extreme facility with which blood may be expressed from the infant cranium after the separation of its investing membranes, such separation, if it occur during life, must lead to the formation of cephalhæmatoma, and hence that the causes of the former are the true problem. These, he maintains, may be of various kinds, either, for example, unnaturally lax union of the pericranium and bone, violence down to the head, or disease of the osseous tissue itself."

The author states the opinion which he has himself been led to form upon the cause of the affection in the following terms:—

"On the whole it appears that the effusion mediately depends on imperfect development of the external table of the bones, and lax adhesion of the pericranium; immediately upon any causes affecting a separation between the latter and the bony surface of these, circular constriction of the cervix uteri is probably the most frequent, but certainly not the sole, as indeed M. Valleix himself allows may be the fact. Respecting the state of the bone itself and the influence of this on the effusion, it will be observed that there is the evidence of three authors in favor of the absence of the external table; that of Michaelis, who conceives it due to local caries; of Dzondi, who ascribes it to local abnormal suspension of development from pressure; of Valleix, who maintains such imperfection the natural condition at this period of existence. That it is wanting in, at least, some cases of cephalhæmatoma is more than probable, but this may be accounted for in various ways; it is not impossible that in cases pre-existing to birth the collection of blood may have really formed in the diploe and destroyed the ill-formed outer table by pressure; were this the fact, sub-pericranial would be only an advanced stage of interstitial cephalhæmatoma."

"It seems hardly possible to confound this affection with ordinary *hydrocephalus*; a *subfascial aqueous cyst*, spoken of in Zeller's thesis, might be distinguished by the absence of the bony elevated rim. *Erectile tumors* of the scalp are soft, spongy, easily depressible, lessened in size by pressure, recovering their former dimensions by successive influxes of blood, expand when the infant cries or coughs, are of a bluish-violet tint, have no prominent elevated border, and are not the seat of fluctuation—the characters of cephalhæmatoma are in all respects the reverse. *Encysted tumors of the scalp* are distinguishable by their being moveable, and by the absence of the elevated margin. *Perforating cancer of the meninges* is reducible, is not surrounded with a raised rim, and is otherwise specially characterized. *Collections of pus* under the pericranium, which may possess almost every external character of cephalhæmatoma, even to the presence of an elevated and indurated margin, M. Valleix presumes might be distinguished therefrom by the slow and gradual formation of the tumor, the pain in the part (?), and tenderness on pressure, as well as inferior degree of hardness of the surrounding prominence, which, it appears, contains no osseous matter, and is composed of hardened cellular tissue. *Common scalp swellings* are characterized by being almost invariably the result of difficult labor, by being seated on the part descending first into the cavity of the pelvis, by being always single, indistinctly circumscribed, of deep livid color, nonfluctuating, pitting on pressure, rarely surrounded by an annular prominence, and disappearing in from twelve to forty-eight hours. The distinctive marks of extra-pericranial cephalhæmatoma will be presently stated. M. P. Dubois once met a combination of œdematous scalp swelling, extra and subpericranial cephalhæmatoma; under such circumstances an accurate diagnosis must be next to impossible."

Dr. Norris on the Occurrence of Non-union after Fractures.

The last number of that excellent periodical—Hays's Quarterly Journal—contains an elaborate and very valuable article from the pen of Dr. Norris, of Philadelphia, on the interesting subject of Non-union after Fractures. Dr. N. says:—

> Having had my attention particularly drawn to the subject, and finding the great contrariety of opinion that existed among writers and practitioners in regard to the best mode of treatment of this state of parts, I collected together a table of as many of the more complete cases as I found recorded in the works within my reach, with a view to their analysis, for the purpose of satisfying myself on this important point.
>
> The tables, together with the analysis made of them, have been very carefully drawn out, and believing them to possess interest, I have ventured to arrange them for publication, in connection with other matter on the subject with which their analysis, and my reading, and personal observations, have furnished me. The single cases which at long intervals meet the eye of the reader, like the results of treatment given by practitioners from recollection alone, not unfrequently mislead us, and I am inclined to think, were the scattered facts which we find recorded in our science more frequently collected together in tabular forms, compared, and analyzed, that we would be furnished with much valuable information of which we are now deprived. I am well aware that many objections have been urged to this mode of arriving at conclusions. In surgery, unhappily, we are all too prone to silence in regard to our unfortunate cases, while it is rare that success after any operation at all out of the common course, is not made known. This forms the ground of the most weighty of the objections that can be brought against the mode of arriving at results which we have followed, as by any table of published cases of any particular treatment that may be drawn out, the conclusions furnished will be much too favorable, in consequence of the fortunate cases only (generally speaking) being found recorded. We acknowledge this objection to have weight, but nevertheless look upon even an approach to certain results as of some value, and regard the method employed, when cautiously done, as one of the modes by which sure improvement in our science is to be made."

The tables alluded to by Dr. N. have been drawn up with great care, and are by far the most complete of their kind we have seen. We have room only for Dr. N.'s practical conclusions, but we trust this cursory notice will have the effect of directing more general attention to this admirable article.

> "From all that has been observed in the preceding pages upon the treatment of ununited fractures, it will be seen that we recommend:
>
> 1*st.* To apply the method of cure by rest and compression. If the fracture has been regularly treated, and is not consolidated at the usual period, replace the limb in the apparatus, and insure to it a state of complete immovability: if the treatment of the injury has been altogether neglected, or been inefficient, apply proper splints and moderate compression with a roller, and renew these as soon as they become in any degree lax.

2d. If from want of action in the seat of injury, rest and compression are in themselves insufficient to produce a cure, continue the state of immovability in which you have placed the limb, and apply blisters, moxas, iodine, or some other stimulant to the seat of fracture.

3d. If both of these modes fail in producing a deposition of callus, employ frictions.

4th. If the methods mentioned fail to produce a change, or the patient has already been suffering from his injury for eight or ten months, and there is no contra-indication to it, resort to the seton.

5th. If the case be one to which, from its long standing, or state of the injured parts, the seton is inapplicable, expose the fracture, and apply caustic potash to the fractured ends.

6th. If all the above means have been carefully resorted to unsuccessfully, and not till then, resect the ends of the bone.

7th. Never resort to amputation of the member until fair trials have been made with all of these methods, and then only at the request of the sufferer, after he has found that the limb can be of no possible service to him.

In employing any of the above means, the obstacle to the occurrence of union which may exist, arising from the state of the constitution, should be carefully sought for and combatted by an appropriate treatment.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, February 19, 1842.

Medical Movements in New York.

An agitation somewhat comparable to that witnessed by the prophet of old, in his sublime vision of the 'valley of the dry bones,' now seems to shake the medical body in this great metropolis of the western world. Not long since that body seemed as if it had indeed given up the ghost—

> ''Twas Greece—but living Greece no more !'—

or at least overcome with the somnolence of the Seven Sleepers. The 'old school' were getting along in their own comfortable, jog-trot-kind-of-a-way—every man sitting under his vine and his fig-tree, having none to make him afraid,—when lo! the 'Philistines' came upon them, as usual *sans ceremonie*, in the shape and lineaments of a band of grim, hardy, well-seasoned veterans, gathered—to follow up our poetical vein—from the four winds of heaven. One, and he the leader, came from 'walking to and fro upon the earth,' supping with real flesh-and-blood princes, turning an 'honest penny' wherever he could, and crucifying 'roosters' in the valley of Esculapius—two travelled by steam from the 'city of brotherly *love*'—and here again they and we crave poetical license—another came from the dusky regions of the Past—solemn, learned, and leal-hearted, as the worthies whom he left—a fifth came *ab origine* from the sweet little

> 'Gim of the say'—

but had latterly been spending the years of his pilgrimage 'down in old Wirginny'—and a sixth had just arrived from a very successful 'tour of the provinces,' and brought into the field with him a splendid collection of wax-figures, 'as large as life and perfectly natural.'

The new comers had no sooner arrived than they blew a blast almost loud enough to startle the dead, and there was'nt much sleeping now in the camp of the sleek, good-natured, unoffending gentry of the *ancient regime*. The battle thus began, and the odds were doubtful. The Israelites had possession of the ground, and fought with all the desperation of men defending their fair cornfields, and blooming cabbage gardens, from the devouring advent of iron-hearted, strong-handed, greedy-mouthed old fellows, who had every thing to gain and nothing to lose. Then again, the Philistines were skilled in fight, and they had the wax-figures to boot. Meanwhile the battle waxed furious, a number of well-fed, well-proportioned spectators of the strife, who had been living, regularly 'hack-and-manger,' on the fat of the land, undertook to laugh at the combatants, but speedily performed that process, as the vulgate felicitously hath it, 'with the wrong side of their mouths foremost,' on finding that even their sheep-folds had been entered by the wolfish cohorts of the invading enemy. And thus the whole blessed fraternity were set in motion; and all barked and bayed and whined, from the noblest of the pack, to

> 'The mongrel cur, and whelp, and hound of low degree !'

Now, hear three serious sentences. New life and energy seem inspired into the Profession in this great city, and every thing bids fair for a new era in the history of medical science in this country. Two well-organized, efficient and ably-conducted schools are engaged in a noble rivalry, and are both struggling hard to make the best educated students. The 'College of Physicians and Surgeons,' with their excellent *Clinique* and unequalled facilities for hospital instruction, and the New School with its talented Faculty, and three *Cliniques* of MEDICINE, SURGERY, and OBSTETRICS, which are to come into immediate operation, present opportunities for obtaining a sound, scientific, practical medical education, unrivalled in the New World.

The Coroner's 'Annual Report.'

Through the kindness of our esteemed friend, Dr. ARCHER, we have the satisfaction of presenting to our readers, in advance of all other modes of publication, this interesting document, which our readers will find in another page. The conciser emarks which Dr. ARCHER has appended to his tabular report of inquests held during the past year, have left us little to add in the way of comment. To one point, however, we may make a passing allusion;—and that is the precision with which the verdicts have been recorded in all the cases. In the London Bills of Mortality for the past year, there are nearly five thousand deaths reported from 'unknown causes,' and in seventy-three inquests the equivocal verdict of 'died by the visitation of God' was rendered. In Dr. ARCHER's report we observe that in fourteen cases only a verdict of death from causes unknown was returned, and in the great majority of these cases, the bodies when found were in such a state of decomposition as to preclude investigation.

The suggestions offered by the Coroner are very judicious, and will doubtless meet due attention in

Clinique, by the students and many junior practitioners, continues unabated, and the numbers in attendance increase every week, as we are gratified to observe.

Massachusetts General Hospital.

Removal of the Os Maxillare Superius for a Cephalomatous Disease.

BY JOHN C. WARREN, M. D.

The patient, Mr. I. G., is 35 years old, well constituted, and in every particular strong and healthful, with the exception of the disease which called for this operation. About nine months since he began to be affected with frequent and considerable bleedings from the nose. These bleedings occurred about once a week, and were sometimes profuse. During the occurrence of one of these attacks he was led to pass his finger deep into the left nostril, and discovered there a tumor about the size of a pea, in the outer side or wall of the cavity.

The bleedings continued, and the disease grew till the left nostril was filled by a tumor of a deep red color and soft consistence, discharging blood freely on being subjected to a slight touch. A probe could be introduced into the cavity on the inner side of the tumor along the septum of the nose; but on the outer was soon arrested in its progress by the tumor, which appeared to be connected with this part, and bled so copiously as to prevent a continuance of the examination in this direction. The external appearance of the face being examined, the nose was seen to be tumefied on the left side by the protrusion of the nasal process of the upper jaw, and also by that part of the bone forming the exterior wall of the nasal cavity. On opening the mouth, the hard palate was seen to be the seat of a tumor of an elastic character, oval form, and size sufficient to occupy a considerable portion of this cavity, obviously produced by the pressure of a substance in the nostril above. The mucous membrane of the mouth was not altered in color or consistence. On passing the finger through the mouth into the posterior opening of the nostril, this aperture was found to be filled by a soft elastic tumor, similar to that which occupied the anterior aperture. The septum of the nose was slightly inclined into the right nostril.

Every thing being arranged, the patient was placed in a chair, his head well supported, and the operation was then begun by making an incision from the middle of the external edge of the left orbit to the left angle of the mouth, down to the bone. A most copious gush of blood succeeded. The internal flap was then quickly dissected up to the middle of the nose, cutting up at the same time the cartilage of the left wing of the nose, and freeing the globe of the eye from the inferior part of the socket by the division of the inferior oblique muscle, the fascia of the eye and the periosteum. The outer flap was then rapidly dissected from the os malæ and os maxilæ, and around the latter bone as far as its union with the pterygoid process of the sphenoid; but the uniting space was not at this time penetrated on account of the large pterygoid branch of the internal maxillary, which would have been difficult to secure in this stage of the operation.

The two flaps being separated, the anterior extremity of the spheno-maxillary fissure was perforated, and Dr. Warren then proceeded to the division of the bones. The os malæ was attached directly opposite to the perforation in the spheno-maxillary fissure. The cutting forceps were then applied to the broadest part of the malar bone, and divided it smoothly in a few seconds. Second, the same instrument was applied at the internal angle of the eye, in an oblique direction from the lower edge of the orbit to the lower termination of the os nasi. Here the projection of the tumor into the orbit occasioned some difficulty, from the little space left for its introduction into the orbit; but the instrument being fixed, the bone was divided without difficulty.

In the meantime the blood continued to flow in torrents. One considerable artery required immediate ligature; and the bleeding of the others was controlled by compression of the carotid artery. The mouth of the patient filling with blood, frequent pauses were required to afford him an opportunity of ejecting it, and occasionally he was recruited by a little wine.

The most difficult part of the operation remained; that of dividing the sound from the unsound parts within the mouth, and separating the maxillary from the sphenoid and palatine bones without injury to the latter; so as to leave the patient the whole of the soft palate, with the palatine plate of the os palati to support it. In order to accomplish this without dissection, Dr. Warren made an incision through the mucous membrane of the hard palate, beginning at the edge of the palatine plate of the os palati, and extending the incision forwards to the external edge of the jaw, then upwards across the alveoli into the bone. To facilitate this incision, the middle incisor tooth of the left side was taken out in such a way as to break the anterior part of the alveolus. Then by a single stroke of the cutting forceps the upper maxillary bone was divided, and its palatine plate cut through as far as its junction with the os palati. In order to separate the palatine plates of the maxillary and palatine bones, Dr. W. hoped to be able to clear the mouth of blood for a moment to make a transverse cut between these plates. But to see was impossible from the flow of blood. Therefore, passing the forefinger of the left hand into the mouth, Dr. W. felt the last molar tooth, and turning the pulp of the finger forwards to receive and support the instrument, he struck a strong-pointed knife through the hard palate at the union of the maxillary and palate bones, separated these bones, and was able also to separate the maxillary bone from the pterygoid process of the sphenoid, and thus accomplished the disunion of all the bones concerned. Finally, the knife was passed externally behind the upper maxillary bone into the space between this and the pterygoid process, to divide the second branch of the fifth pair of nerves. This was done by a stroke of the instrument, and the patient made a great cry, evincing that this nerve had been reached.

The operator then seizing the bone with the left hand by its orbitar and alveolar portions, it was by a gradual movement started from its situation, and aided by a few touches of the knife, its remaining periosteal attachments were divided, and the whole bone and tumor dislodged from the face.

The patient having lost much blood, had now become faint, and was therefore placed on a table. The portion of swelled mucous membrane on the right side of the palate was cut off with ease, and it now only remained to arrest the hæmorrhage. A ligature was applied to the superior ethmoidal branch, or continuation of the maxillary artery. The hæmorrhage from a second artery also required to be arrested. This was not easily done, for it was impossible to discover the orifice of the wounded vessel. It was therefore touched with caustic potass, and lint applied to it. As the bleeding might recur, the wound was not immediately brought together, but was covered with a cold water compress, and the patient left in the operating theatre. He was able to swallow and speak, notwithstanding his exhaustion and the length of the operation. The time employed in the incisions, both of the soft and hard parts, was short, and certainly could not have exceeded ten minutes.

In three hours after the operation, no bleeding having occurred, the wound was dressed by passing five sutures and applying a cloth of four thicknesses wet in cold water, to be moistened from time to time; and then he was carried to his bed. He passed the night rather uneasily; but the next day he was more quiet. The pulse, for four or five days after the operation, varied from 80 to 112; at the end of six days it was 72. The third day, the wound being wholly united, the stitches were withdrawn by Mr. Hayward, the house-surgeon. In two or three days the patient was able to take softened bread, and in three weeks from the operation went home to pass Christmas with his family—in two days after which he was discharged. At the present time, eight weeks after the operation, he is at home—takes food freely, and speaks intelligibly. The left eye, at first much swelled, is in a natural state, and he uses it without uneasiness. On the left side of the palate there is an aperture of a triangular form. Through this the os ethmoides may be felt, the projections of which were mistaken by the patient for a return of his disease. The food occasionally passes through the aperture into the nostrils, and embarrasses the patient momentarily. The soft palate is entire. There is a slight paralysis of the left side of the upper lip, from the division of the facial nerve; and a want of sensibility in the left side of the nose and the left upper lip, from the division of the second branch of the fifth pair of nerves.

Description of the Tumor.—The tumor, after its removal, exhibited the following appearances. At its summit appeared the lower floor of the orbit of the eye, at the inside of which was a portion of the nasal process of the os maxillare superius. On its outer part projected one half of the os malæ; below appeared the left half of the palate, with the exception of the part which belongs to the palatine plate of the os palati. A portion of the fossa canina, and the whole alveolar margin, with the correspondent teeth, were visible. On the inner wall of the mass appeared three considerable red colored lobes, attached to the outer and inferior part of the maxillary cavity, by something like a pedicle about an inch in diameter—the three lobes being connected at their attachment, but separated at their internal or nasal extremity into an anterior, middle and posterior lobe. The superior maxillary nerve was seen in and behind the orbit. The whole was covered by membranes which separated it from the parts in contact. One lobe had made its way through the bone of the face; the others through the partition between the nostril and antrum.

Examined by a glass magnifying from twenty to thirty times, the substance of the tumor was found to be composed of semi-transparent globules, which became opaque in alcohol. These were connected by a fibro-cellular substance, which appeared to form a larger part of the tumor than the globules themselves. The texture was in consistence somewhat spongy and elastic, and was very vascular; differing in these points from a tumor of the upper jaw, for which I removed that bone two years since—in which the globules were red and fleshy, though very small, and the interstitial substance was of a firm, scirrhomatous character, and not highly vascular.

Second Report

OF THE

MEDICAL MISSIONARY SOCIETY IN CHINA.

CONTINUED FROM OUR LAST.

Intermittent Fever.

This disease prevails to a very great extent among the people; and from all that could be ascertained, regarding its prevalence in various districts, by repeated inquiries of respectable Chinese and native medical men, it is very general.

Of the cases which presented, those in which quinine was exhibited soon recovered: but this remedy was only given to patients who came regularly; to others general remedies were given, which appeared in some cases to be beneficial. Several Chinese physicians also applied for relief from this disease, and finding that the quinine was of service to them, would sometimes bring friends for the medicine. They themselves used tigers' bones, ginseng, and other things; but acknowledged that their remedies were not very effectual. Some were pressing in their entreaties for a supply of quinine, which could not be given, as the quantity on hand was very inadequate to the large demands for it.

Opening in the Trachea.

In the case of opening into the trachea, the disease commenced nine years ago, when a small abscess appeared in front of the trachea: this increased in size, and probably a large slough came away, and ulceration went on till, in the course of a short time, an opening was made into the trachea just below the cricoid cartilage, and this enlarged until it attained its present size—three quarters of an inch in diameter, and comprising the whole breadth of the trachea, and is now stationary; the edges have not cicatrized, but secrete a small quantity of pus. While the wound is open, the man cannot, of course, speak at all, and breathing is painful to him, as the instant admission of cold air into the lungs produces severe cough; but to obviate this inconvenience, he uses a solid flat plug of paper, of proper size, and by carefully adjusting it to the opening, he is able to breathe freely through the mouth, and to speak distinctly, though with a rough and hoarse voice. The man had no pain, and enjoyed tolerable health, though he had an emaciated appearance, and was subject to cough, and occasionally to asthmatic attacks.

Elephantiasis

prevails to a great extent throughout the island, and many cases were seen in which fearful ravages had been committed by this disease. It presented itself much more frequently at Chusan than it does at Canton, but from what cause is not apparent. Some of the incipient cases were slightly benefitted by frequent purgatives, repeated bathing of the limbs with warm water, followed by the use of stimulating liniments. But the period during which the cases were attended to was not sufficient to show whether the benefit would be permanent or not.

Psora,

and other cutaneous diseases, existed among the people in much the same degree as in other parts of China.

Opium Smoking.

It was said, by one or two house-holders, that this was a very common practice among the respectable people, who usually lived in Tinghae—even affecting one-third, some said one-half, of these persons. But few of them, however, presented themselves at the hospital, desiring medicine to cure them of the habit. Occasionally, persons were seen in private houses using the opium pipe, but no considerable data were afforded whereby to judge regarding this subject.

Removal of the Os Calcis.

The man having disease of the os calcis came from Lowang; large abscesses had formed round the heel for some months, and when he came to the hospital, the posterior half of the os calcis was found to be black and loose, and was easily removed Considerable hæmorrhage took place on the removal of the bone, but soon ceased; healthy granulations sprung up from the surface of the sound bone, and the wound gradually contracted and closed, and shortly afterwards the man was able to walk about with ease.

Compound Fracture of Humerus.

The compound fracture of the humerus was in a boy 14 years old, and resulted from a gun-shot wound received during an affray between a foraging party and some villagers in the valley of Chacho. A party of sapihis, accompanied by one of their own officers, were buying provisions for the regiment, and had purchased a quantity of fowls and vegetables, when some of the Chinese knocked the money out of the officer's hand, while others ran off with a musket belonging to one of the men; the rest of the party fired at the thieves, and this little boy, who was standing by, received a wound. The ball passed through the left arm a little above the elbow; great hæmorrhage had followed, as was evident from the boy's clothes being saturated with blood; to stop this a small cord had been tightly bound round the arm. When he was brought to the hospital, some days after the accident, the cord was almost buried in the flesh, and the limb was much swollen; at first, it was thought that the ball had traversed the elbow joint, but this was found not to be the case, and that the humerus only had been fractured. He remained two months in the hospital, during which time the wound on inner side healed, and on the outer side two or three sinuses only remained, at the bottom of which were felt some small portions of loose bone. The fractured bone became consolidated, and the elbow could be moved without pain; and the case promised to terminate favorably in every respect when it was last seen.

Mortification of both Feet.

The case of mortification of both feet occurred in a beggar, who was found lying upon some straw in one of the Chinese public offices. He had been much exposed to the severe cold, while poorly clad, and not having sufficient food, numbness came on in both feet. When he was first seen they were both cold and black; there was also a black gangrenous spot on the tip of the nose. The use of wine and of nourishing diet was of much use at first; a line of separation formed, the man began to rally and was stronger; but suddenly a change took place, great prostration came on, inability to open the jaws supervened, and he shortly died.

Paralysis of Arms.

The two cases of paralysis of the arms from torture, occurred in respectable men. One of these was in the country, endeavoring to buy provisions and other things for sale in the city, when some Chinese soldiers seized him, and having beaten him severely, tied his arms behind him round a tree for a length of time, until he had lost all power of motion. The other man had some property, of which he was robbed by a party of thieves, who then tied his arms behind him in the same manner. Both these cases were benefitted by medical treatment.

TO THE EDITOR OF THE LANCET.

SIR:—

If worthy of insertion in your valuable journal, by giving the annexed case a place in your columns, you will oblige

Yours, &c.,

WM. TREAT, M. D.

Frankfort, Me., Feb. 15, 1842.

Case of Ossification of the Coronary Arteries, and Pseudo-membranous Formation in the Heart.

Mr. W. P. came under my care in May, 1839, being then about sixty, and having previously enjoyed good health and been of very temperate habits. For three years previous to consulting me, however, he had suffered considerably from a pain commencing in the left thumb, and which had gradually increased without appreciable cause, extending up the arm and to the left side of the thorax, with great orthopnœa, which had resisted all previous medical treatment.

On examination of the chest I found the respiration unimpeded; pulse natural in frequency and force; auscultation discovered a slight 'rasp sound.' As the patient was unwilling to submit to active medical treatment, having an abhorrence to use of medicine, I directed light diet—bowels to be kept gently opened—mental and corporeal quietude, and the occasional use of the extract of hyosciamus and counter-irritation.

The attacks occurred at intervals of from three to five months from each other, and continued for several hours, leaving the patient much exhausted.

After suffering much from these paroxysms, with more or less relief from medical treatment, in the month of July, 1841, I was again summoned, and found him laboring under a violent, excruciating paroxysm, with great lancinating pain, distressing orthopnœa, and though a man of remarkable powers of endurance, writhing and contorting beyond description—yet the pulse as heretofore undisturbed, and when he was quieted sufficiently to permit an examination of the chest, the heart was not over-excited; and after the subsidence of this paroxysm there was the usual muscular soreness of the left arm, and much tenderness between the left intercostal spaces, to which leeches were applied, and two days afterwards cups. Considerable expectoration of viscid phlegm now occurred, and also nausea with tenderness in right hypochondriac and epigastric regions, for which leeching and a gentle mercurial course was prescribed and produced relief, although the paroxysms of pain in the arm and chest had become much more frequent, occurring daily, with utter inability to retain food or drink upon the stomach, accompanied by great depression and sinking, and sense of constriction of the chest.

Under the treatment the patient improved, and finally recovered so far as to be able to walk for an hour or two at mid-day, or ride on horseback—to which he was accustomed for a short time; indeed such were his active habits, that confinement from business was deemed more injurious than partial indulgence. From this time the attacks of pain were less violent, though occurring every few days, till finally they were almost imperceptible, and thus continued until September, when he was again seized with violent pain, following the pneumo-gastric nerve in its course and centering upon the stomach, producing nausea and most obstinate vomiting. The rasp sound of the heart was increased, and the pulse for the first time became intermittent. After consultation with Drs. Abbott, of Frankfort, and M'Buer, of Bangor, pills composed of oil of Valerian, combined with some light cathartic, were prescribed, but were rejected as soon as swallowed. After almost total abstinence from all food, &c. by mouth, as before, for ten days, the stomach became somewhat quieted, though he was subjected to attacks of pain and dyspnœa, once, twice, or thrice daily—one of which usually at 8 o'clock in the evening, of most alarming character. Oedema of the legs now appeared, and at this stage of the case I consulted Dr. Jackson, of Boston, who unfortunately could not be induced to visit the patient, but suggested the exhibition of the following pills:—

Submur: Hydrarg:
Pulv: Digitalis aa ℈i.
——— Opii gr. ii.
Misce bene et divide in pilul: æqual: X. One
pill twice a day.

A bandage was applied to the extremities, which effected in one or two weeks the absorption of the fluid. The patient under this treatment experienced some relief, and without consent ventured out for an hour or two to witness the launching of a vessel in which he was interested, sitting in the open air, and in a few days after was again subjected to a violent attack of the epigastric pain and diarrhœa, the bowels discharging a grumous (bloody) looking fæces; and after much suffering in this way for two weeks, he died.

After some opposition on the part of the wife of the deceased, an examination of the body was permitted late in the afternoon of the day following his decease, and the following appearances were discovered :—

On section of the abdominal walls, the spleen and liver were found somewhat enlarged—the mucous membrane of the small intestines, studded with patches of extravasated blood, which could not be removed by washing—other contents apparently healthy. On the left lung there were a few patches of hepatization of the left lobe, of half an inch square, and also at the inferior portion. The pericardium contained about two ounces of fluid—the coronary arteries of heart were ossified to some extent, and on section being made of the heart, a membrane of a fibrous structure was found floating in one ventricle, and two in the other, which were removed without much difficulty, but the former was found attached to one of the columnæ carneæ, near the origin of the chordæ tendineæ : this membrane, though thus attached, admitted the chordæ tendineæ moving through its base by a motion resembling that of the profound tendons of the muscles of the fingers, and the apex gradually becoming thinner, floated freely upwards in the cavity of the ventricle. The walls of the heart were normal in their structure, though the heart was one fourth more than its natural size.

Post-mortem Examination of a Thomsonian Victim.

BY STEPHEN W. WILLIAMS, M. D.,

Late Professor of Medical Jurisprudence in the Berkshire Medical Institution.

TO THE EDITOR OF THE LANCET.

SIR :—

I have witnessed two interesting post-mortem dissections of persons who have been patients to the Thomsonians or steamers, as they are called, and as I think they may be interesting to the public, I offer no apology for presenting them through the medium of your journal.

The body of J. K. was examined on the 28th September, in the presence of Stephen F. Stone, M. D., and James Drane, M. D., of Springfield ; Loring Allen, M. D., and myself, of Deerfield ; Mr. Tobey, my pupil, dissector. J. K. had been under the care of a Thomsonian steam doctor for several weeks, and died while he was attending upon him. We understand by his nurse, who attended upon him during a part of his sickness, that he was taken unwell in the early part of August with the premonitory symptoms of fever, and that he was placed, or placed himself, under the care of the steam doctor alluded to above, who, he understood, pronounced his case to be typhus fever. The nurse informed us that soon after the steamer was called to him, he gave him an emetic of lobelia, and soon after, another. These, he says, were followed by powdered white root, bay-berry bark, &c. Once at least, to his knowledge, whilst he was in a state of prostration, *hot drops* were administered internally. The steamer stated that the fever had arrived at a crisis at least four times. The friends of J. K. were dissatisfied with the treatmeant, and made arrangements for a regular physician to take charge of him, but the steamer refused to give him up, and he died under his care. There was a good deal of excitement in the village when he died, in consequence of this death and five others, which occurred there in the course of a fortnight, under the care of the steamer, while no other death occurred in the practice of any other physician there during that time, notwithstanding they had a number of patients. Several of the people there were very anxious that there should be an examination of the body, and the friends requested me, and a number of other physicians, to make a post-mortem examination. The above mentioned physicians and several spectators attended the examination. The following appearances presented themselves on examination :—The body was much emaciated. The abdoment externally was somewhat discolored, but not much. It was but very little bloated, nor even the intestines much distended with gas. There was less smell of putridity about the body than I have many times known within twelve hours after death. Upon laying open the abdomen, we found the *spleen* considerably enlarged, and of a deep blue color. The stomach was considerably distended ; the external appearance of it was nearly natural. We found in it considerable dirty, bilious-looking matter. The external coat of it was a good deal inflamed. The whole track of the intestines, from the anus to the stomach, was opened after they were taken from the body. Peyer's glands in the intestinum ileum, were very much enlarged, inflamed, thickened, and ulcerated, particularly above the valvuli coeci, or its cœcal valve. These glands were numerous in the jejunum, and this intestine was nearly perforated in several places by ulceration of them. Indeed almost the whole of this intestine was in a high state of inflammation. The large intestines were somewhat, though not greatly ulcerated, till we arrived to the lower part of the colon. The mesentery was considerably inflamed. We found high inflammation in the lower part of the colon, with a great deal of ulceration for about ten or twelve inches above the rectum, so much so that the muscular and mucous coats of this intestine were nearly perforated by it, and upon holding up this intestine towards the sun, the peritoneal coat appeared to be as thin as tissue paper. The arteries on this part of the colon were very much enlarged and turgid. The rectum was even more extensively ulcerated than the colon, and almost perforated. The liver, except being discolored, was natural. The lungs, heart, and brain, were natural in their appearance. There was, perhaps, a rather larger quantity of water in the ventricles than common, but probably not sufficient to constitute disease. At any rate, there was no appearance of the brain which would seem to indicate any derangement, or inflammation of it.

Quere.—How far from an inflamed state of Peyer's glands in the intestines, could the use of the heating lobelia, or of the Thomsonian hot drops, composed of the strongest cayenne pepper, alcohol, and myrrh, be justified ? In fever of a typhoid character, it is now ascertained, that Peyer's glands are generally inflamed, and sometimes ulcerated. Could the use of any acrid stimulant like lobelia or cayenne, be of any advantage in inflamed bowels from any cause, but would they not have a tendency greatly to aggravate the complaint ? How far might the administration of these powerful stimulants have induced the inflammation of the stomach which we perceived in this case ? How far might the use of stimulating injections of cayenne and lobelia induce the ulceration of the rectum and the lower part of the colon, which was noticed ? It is pretty certain that ulceration is not a *necessary* consequence, or, as far as we can judge, a common one. We have known almost excruciating agony induced in a patient from the administration of a lobelia injection, under the direction of a Thomsonian physician.

Wishing success to your journal, which has thus far commended itself to the support of the profession,

I am, dear sir, yours, &c.

STEPHEN W. WILLIAMS.

Deerfield, Mass., Feb. 3, 1842.

TO THE EDITOR OF THE LANCET.

Case of Milk Tumor Cured by Injections.

Mrs. A. S., aged 31, applied to me some time since, with an enormous milk tumor of the right breast, which had been treated by repeated puncturation, for the purpose of evacuating the milk, but which failed to effect a cure. I employed an injection of the sulphate of zinc, half a drachm to a quart of water, which was introduced through the canula and allowed to remain until a sensation of heat spread over the breast, which was experienced in about five minutes. The injection was then pressed out, and a compress applied, with a figure-of-eight bandage. A sufficient degree of inflammation was thus excited, and there has been no recurrence of the tumor.

I am yours respectfully,
P. B. GUERNSEY, M. D.

New York, Feb. 8, 1842.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Annual Report of the Coroner.

The whole number of inquests held in the city and county of New York, during the year ending December 31st, 1841, is 698, of these 443 were males. and 255 were females; 604 were white, and 94 colored persons. The places of birth, as far as ascertained, are as follows:—

In the city and county of New York	221
Other parts of the State	37
Other parts of the United States	77
	335

FOREIGN BIRTHS.

Ireland	140	Prussia	1
England	46	Norway	1
Scotland	16	Denmark	1
Germany	27	British North America	5
France	6	Bermuda	1
Sweden	2	At sea	1
Poland	1	Unknown	113
Spain	1		
Total			698

Of these—

152,	including still-born children, were under 1 year of age.	78	between 40 and 50 years
34	between 1 and 5 years	52	...“...50..“..60...“..
12	...“... 5..“..10..“..	21	...“...60..“..70...“..
26	...“...10..“..20..“..	4	...“...70..“..80...“..
93	...“...20..“..30..“..	5	...“...80..“..90...“..
122	...“...30..“..40..“..	1	...“...90..“.100...“..
		88	...........unknown
		698	

The cause of death, according to the verdicts of the coroner's juries, were from the following maladies and injuries:—

Apoplexy	79	Intemperance	38
Aneurism	3	Marasmus	12
Abortion	1	Mania	1
Asthma	1	Pleurisy	2
Cancer	2	Palsy	2
Congestion of lungs	13	Still-born	30
Convulsions	21	Syncope	1
Childbed	2	Sprue	1
Concussion of the brain	1	Whooping cough	3
Croup	2	Other natural causes	3
Cholera infantum	11		
Morbus	2	ACCIDENTS AND INJURIES.	
Dropsy	23	Burns and scalds	19
Dysentery	5	Suffocation	31
Diarrhœa	6	Poisoned accidentally	9
Delium tremens	14	Drowning	109
Disease of the lungs	41	Freezing	1
Of the heart	11	Exposure	13
Disease and old age	5	Neglect and starvation	4
Epilepsy	6	Other injuries	54
Fever	4	Drinking cold water	3
Hæmorrhage	9	Suicide	44
Inflammation of bowels	11	Killed or murdered	7
Of brain	2	Ante-mortems	5
Of lungs	12	Causes unknown	14
Of stomach	4		
Of throat	1		698

In compiling the foregoing report, it has been necessary to abbreviate, in most cases, the verdicts; yet the spirit of each is retained, and the cause of death distinctly stated, with very few exceptions. It may not be amiss to observe, that many of the diseases which are briefly stated as the cause of death in this report, have been attributed to intemperance and irregular habits, and so expressed in the verdicts, particularly the congestive diseases, which form so large a proportion of sudden deaths; this, if stated in full, would swell the number of deaths from intemperance somewhat. It is gratifying, however, to observe that death from this cause is much less frequent than in former years, and there is good reason to believe that the philanthropic efforts of the advocates of temperance will be the means of securing hundreds from the jaws of death from this most debasing cause.

It may appear a matter of suprise that such an array of deaths from natural causes, should be made the subject of investigation by a coroner's jury; it is easily explained. The Corporation ordinance in relation to interments in this city, renders it obligatory for the sextons of the various burial places to obtain a certificate stating the cause of death in every case, and in cases where no physician has been in attendance, the requisite certificate cannot be obtained: consequently the coroner's jury must be summoned, and the same formalities observed as in a case of the most suspicious character. An alteration of the mode of conducting investigations of this description seems to be required, which might be made, and the ends of public justice as well served as by the present mode. Cases of this kind occur most frequently among the poorer classes of our community, many of whom are unable to employ a physician, and are either ignorant of the fact that there are three or four excellent dispensaries for the relief of the indigent sick, or from prejudice, are unwilling to apply to them. From the opportunities afforded me in my official capacity of becoming acquainted with these institutions, and the benevolent object of the persons connected with them, I can most cordially commend them to those whose circumstances and afflictions render it necessary for them to seek their aid and counsel.

There is another subject connected with this department of county police which requires to be noticed, and seems to call for some interference on the part of the corporate authorities; it has been already referred to in a report of the City Inspector to the Common Council, viz. the removal of bodies from the county for interment. There is at present no law, either authorizing or prohibiting the removal of a corpse from the county, while considerable numbers are weekly taken to adjoining counties without certificates of any description. It appears to be necessary that an ordinance should be enacted requiring a passport for the removal of a corpse from the precincts of the city to any other State or county, from some of the public authorities, which should only be granted upon the conditions now required by law for interments within our own jurisdiction, with suitable penalties for its infraction. A measure of this kind would be the cause of very slight inconvenience to the parties concerned, and seems to be imperiously called for, alike for the sake of perfecting our city statistics, and for the more rigid administration of justice.

C. B. ARCHER, M. D., *Coroner.*

Deaths in Newark.

The Newark Advertiser says that there were 37 deaths in that city in January, of which 18 were adults, and 19 children. Consumption swept off 16. The highest number of deaths, by any other one disease, was 4, of dropsy in the head. It is said there is much sickness in Washington—that severe colds, measles, &c. prevail. Deaths in Salem last year, 259—an unusually large number. Of these, 80 were caused by consumption.

To Correspondents.

DR. RICHARD S. KISSAM's valuable article will appear as soon as the interesting drawing which accompanied it, is received from the engraver, in whose hands it has just been placed.

A number of papers will be attended to in due time.

☞ The crowded state of our columns obliges us to omit the Report of Interments this week.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, FEBRUARY 26, 1842. No. 9.

REVIEW DEPARTMENT.

The Principles and Practice of Obstetric Medicine and Surgery, in reference to the Process of Parturition. Illustrated by One Hundred and Forty-two Figures. By FRANCIS H. RAMSBOTHAM, M. D., Consulting Physician to, and Lecturer on Obstetric and Forensic Medicine at the London Hospital, &c. &c. First American Edition, Revised. 8vo. pp. 458. Philadelphia: Lea & Blanchard. 1842.

[SECOND NOTICE.]

Continuing our analytical review of this admirable work, we come to that portion of it which treats of the

'GRAVID UTERUS.'

When we compare the unimpregnated with the gravid uterus at the end of gestation, we should be inclined to doubt—from the extraordinary alteration that has taken place during pregnancy—whether in reality they were not two perfectly distinct organs. We observe an amazing difference, indeed, in every essential attribute, particularly in form, size, situation, texture, power, and contents.

The alteration in *size* is most remarkable; the virgin uterus measures not more than three inches in length, and two in breadth; when labor is near at hand, it is about thirteen inches long, and eight or nine across.

The *texture* of the unimpregnated uterus is close, tough, firm, and inelastic; the structure of the organ when gravid is loose, spongy, and distensible, capable of being drawn out to a considerable extent between the fingers without laceration of its substance. The looseness of its texture depends chiefly on the enormously increased size which its vessels have acquired during the development of the organ.

We believe that a great deal of misconception exists as to the thickness of the gravid uterus in very spare women. The limbs of the fœtus may be grasped with the hand through the abdominal parietes and the uterus, and in a patient under these circumstances, where the labor happens to be protracted and difficult, and the presentation is so far distant as not to be felt at all, or felt with extreme difficulty, the hand or foot has been grasped so distinctly as to convey the idea to the practitioner of the fœtus being extra-uterine or of rupture of the uterus having taken place, the labor eventually having terminated naturally, and well in every respect.

"The section of the unimpregnated uterus displays an unoccupied cavity, communicating by an open mouth with the vagina below, having, therefore, properly speaking, no CONTENTS; while the gravid contains the *membrana decidua*, and the *ovum*; which latter consists of the *chorion*, the *amnion*, the *liquor amnii*, the *placenta*, the *funis umbilicalis*, the *fœtus*, and, in an early stage of pregnancy, the *vesicula umbilicalis*.

On opening the gravid uterus, besides the spongy character of its structure just adverted to, and the large size of its vessels, (which have acquired such a magnitude, that the veins have the term sinuses applied to them,) its thickness must necessarily become an object of observation. This varies considerably in different individuals; the substance is generally rather thicker than in the unimpregnated state; and in all instances the fibres are more apparent." 72.

Passing over our author's lucid descriptions of the 'Membrana decidua'—the 'Placenta'—'Urachus'—and 'Vesicula Umbilicus'—which are accurately illustrated in the plates, we come to the chapter on the

DEVELOPMENT OF THE UTERUS.

The uterus is constantly enlarging during the whole term of gestation, and its increase corresponds with that of the ovum; so that its growth towards the close of pregnancy is comparatively greater from week to week than at any other period. The fundus and body are first evolved: and the neck does not begin to expand until five full months have passed.

The parietes do not become thinner as the uterus grows, but in many instances absolutely thicker. They are not distended by their contents as a bladder might be blown up; and the cavity is never so completely filled, but that it would hold somewhat more than it contains. The enlargement is dependent on a process of healthy evolution.

"Great as is the increase of the womb in its general bulk, the blood-vessels undergo an enlargement even far more considerable in proportion; and this is explained by the fact that they have not only to nourish the parietes, but also to supply the wants of the growing fœtus. It is this circumstance which renders the texture of the gravid womb so loose and ductile: and the amazing diameter they have acquired before labor commences, most readily accounts for the violent hæmorrhages that not unfrequently attend on parturition.

This alteration in the size of the blood-vessels mainly contributes to the increase of the uterine parietes; there is nevertheless an additional quantity of both cellular and fibrous matter secreted, as the evolution proceeds. The nerves and absorbents also partake of the general enlargement; though not to so great a degree as the blood-vessels." 87, 88.

Dr. Robert Lee in his anatomy of the nerves of the uterus remarks: Dr. William Hunter was the first anatomist who examined the nerves of the gravid uterus, and who says, I cannot take upon me to say, what change happens to the system of uterine nerves from utero-gestation, but I suspect them to be enlarged in some proportion, as the vessels are. Mr. J. Hunter who denies that the nerves of the uterus increase in the smallest degree during pregnancy, has left no preparations to demonstrate the accuracy of his statement—thinks that the intense pain and violent periodical contractions do not depend on the nerves, but on some incomprehensible vis insita on the organ. Dr. R. Lee, after quoting his own excellent dissections so well portrayed in his plates, says, these dissections prove that the human unimpregnated uterus possesses a great system of nerves, which enlarges with the coats, blood-vessels, and absorbents during pregnancy, and which returns after parturition to its original condition before conception takes place. It is chiefly by the influence of these nerves, that the uterus performs the varied functions of menstruation, conception, and parturition, and it is solely by their means that the whole fabric of the nervous system sympathises with the different morbid affections of the uterus. If these nerves of the uterus could not be demonstrated to exist, its physiology and pathology would be completely inexplicable.

Dr. Ramsbotham describes well the alteration in the relative situation of the uterus, both with respect to itself and its peritoneum, on the adjacent parts, and says the peritoneal covering is of necessity greatly extended in surface; and this depends partly on the formation of new membrane, a fresh secretion,—partly on its allowing itself to be stretched out in every direction, (for it is highly elastic, as is shown in the variations of contraction and distention which the stomach, intestines, and bladder, are constantly undergoing, and in the descent of that portion of the membrane which constitutes the sac in hernia:)—and partly on the layers of the broad ligaments splitting, and receiving the sides of the uterus between their folds.

Our author after a short chapter devoted to the symptoms and general features of 'labor,' proceeds to his

'CLASSIFICATION OF LABORS,'

which he divides into the 'natural'—the 'difficult'—the 'preternatural'—and the 'complex.' This division is intelligible and practical, and avoids, as all such arrangements should, a multiplication of classes, which is alike perplexing and unnecessary.

Dr. R. very properly insists that much knowledge must be acquired during the first vaginal examination: it is, first, whether the woman be pregnant; secondly, if she be in labor; thirdly, whether the membranes have ruptured, or are still entire: fourthly, how the child is presenting; fifthly, how far the labor is advanced; and sixthly, the state of the os uteri, vagina, and perineum, in regard to their distensibility: we might add seventhly, the dimensions of the pelvis.

Dr. R. recommends the first two fingers of the *left* hand to be used in vaginal examinations, in the first stage, in those cases in which the os uteri is situated so high that it cannot be perfectly investigated by the forefinger of the right hand. The utility of this direction is very obvious. Another judicious advice is given, which is worthy of strict attention:—

> "The object of covering the finger with some oily substance before making an examination, is two-fold: partly because the lubrication assists its introduction, but partly also to diminish the chance of inoculation with morbid matter, should the patient be laboring under any venereal affection. Three of my intimate medical friends have suffered most severely from secondary symptoms of syphilis communicated in this manner; and five different midwives of the Royal Maternity Charity have been the subjects of the same disease, contracted through an abrasion of the cuticle, while in attendance on women in labor. These are grievous accidents, and no means should be left unused, by which such a serious consequence may be avoided. If, unfortunately, a suspicious-looking sore should make its appearance on the finger, all obstetric duties must be abandoned until after it is healed; for another woman may be infected from the contact of an open chancre on the hand of the medical practitioner." 121.

In supporting the perineum, Dr. R. justly states that it is not necessary that we should make powerful pressure, nor resist the child's exit by the employment of any exertion. Continuing, as it were, the resistance and curvature of the sacrum by our hand, we are only to afford passive support; to allow the head covered by the perineum to be protruded against our hand, rather than forcibly press our hand up against the head.

In speaking of the treatment of the delivery of the body after the expulsion of the head, Dr. R. very judiciously observes:—

> "It used to be the custom to surround the neck with the thumbs and fingers of both hands, and forcibly extract the body the moment the head was in the world, for the purpose of liberating the woman from pain, and terminating the delivery as speedily as possible. Such practice is attended with double danger; great chance of injury to the child by the tension of the neck, and no small probability of hazard to the mother, by the uterus being prematurely emptied. It is thus left in a flaccid state; the stimulus which previously disposed it to contract is suddenly taken away; that disposition ceases, or is suspended; hæmorrhage is induced; and necessity probably arises for the artificial removal of the placenta, and incalculable mischief is the consequence. Those persons who commend such meddling interference, and who estimate the skill of the obstetrical attendant by the rapidity with which he can extract the body after the head is born, found their eulogium on the most dangerous premises." 132.

Dr. R. enters with great minuteness into a detail of the duties of the medical attendant in the lying-in-room, during the management of natural labor, and the after-treatment. To the student and young physician entering on professional life, this portion of the work is of no mean value.

DIFFICULT LABOR.

The second class of labors, DIFFICULT OF LABORIOUS, embraces two orders, *lingering* and *instrumental*. We sometimes hear of a woman being in uninterrupted labor a week, ten days, a fortnight, or even longer. Such an idea is perfectly absurb: the powers of the system could not bear up against the exertion of labor for so protracted a period.

Such cases, then, of reputed prolonged parturition, are dependent on false, irritable, spasmodic pains, situated in some other part of the body; by which, as we have already learned, women are frequently harassed towards the close of gestation; but which are perfectly unconnected with, and independent of, contraction in the uterine fibres.

In estimating lingering labors, we calculate from the first commencement of true uterine action; but in estimating the length of labor, in reference to the patient's strength, and its effects on her system, we principally take into consideration the time that has elapsed since the membranes broke; for it is reasonable to infer that no great exertion has been sustained—consequently that little or no exhaustion has appeared; and particularly, that scarce any injurious pressure can have taken place on the soft parts within the pelvis, while the membranous cyst remained entire; provided there be an ordinary quantity of liquor amnii.

Among the *causes* of lingering labor, our author first mentions

INSUFFICIENT UTERINE ACTION.

After speaking of different means applicable for rousing the uterine energies, Dr. R goes on to say:—

> "Various specific medicines have been recommended at different times, to increase the parturient throes, and facilitate the child's birth; but I believe that the whole of these substances, one only excepted, act upon the womb through the excitement induced in the arterial system. These first stimulate the nervous, then the arterial, and through the medium of those systems, the uterus. Almost the only medicine now used as an uterine excitant, is the *ergot of rye*: and I have no hesitation in declaring my opinion that its action is specific, and that the uterus is not affected through any disturbance first set up in the arterial system." 166.
>
> "This drug has been exhibited in various forms, chiefly in powder, infusion, decoction, and tincture. The two first are in my opinion the best modes. If given in fine powder, about twenty grains is the proper dose; but I am myself generally in the habit of exhibiting it in infusion. Two drachms may be infused in four or six ounces of boiling water for twenty minutes; a fourth part of the strained liquor should be given at a time, and under labor the dose may be repeated every quarter of an hour, until either its action becomes apparent, or the whole is taken: for I consider it useless to persevere with the medicine, if the quantity mentioned produces no effect. I have found that if the infusion be allowed to stand much longer than the time I have specified, it acquires a nauseating property, which greatly distresses the stomach. Desgranges used only the black cortical part, in which he considered its active principle to reside: he gave it in doses of four or six grains, which he found as efficacious as thirty grains of the whole powder. Villeneuve administered it in *lavements*; and he considers this the most efficacious means of employing it, provided there be present much irritability of the stomach." 167.

Dr. R. is not aware of the ergot ever having produced any pernicious effect on the system, and some individuals are not affected at all by it. Its effects upon the uterus in labor are often speedy, powerful, and astonishing. Its action mostly commences within fifteen or twenty minutes after its exhibition, and the character of the pains is peculiar. When the ergot has obtained a full power over the system, the uterus often acts without any decided intermission for many minutes together; there being only a slight remission observed—no interval of perfect ease.

As the ergot undoubtedly possesses such a strong influence over the uterine system, it is evident that, if exhibited improperly, it is likely to do great injury. It ought never to be exhibited where there exists any disproportion between the fœtal head and pelvic cavity. Where there is any rigidity of the parts, or in malposition of the head, or in preternatural presentation, or in first children generally. "It must only be given in cases where the sole cause of delay is a torpid or feeble state of uterine action: or where it is desirable to terminate the labor speedily,—and that too by means of the natural powers, in consequence of hæmorrhage. I have found it very useful in accidental hæmorrhage after the membranes have been ruptured; in loss of blood under abortion also, where it was impossible to empty the uterus by manual operation; and where the patient would perhaps have sunk from the continuance of the bleeding."

Among other adjuvants in lingering labor, Dr. R. recommends—stimulating enemas, warmth externally, also pressure and friction are found to possess greater power over the uterine fibres than warmth externally applied. The pressure of a bandage, or the hand, will often excite the uterus to increased action both before and after the birth of the child. He also mentions the advantage of change of position, walking, &c., and of the possible utility of electrical shocks, and cautions against the early rupture of the membranes—or rubbing the os uteri.

DEFORMITY OF THE PELVIS

is the next cause of lingering labor discussed. If, on the most careful measurement, we find that there is less space at the brim than three inches and an half laterally, by one inch and three-eighths in the conjugate diameter, or three inches by one inch and an half, we ought to consider it our duty—however painful and appalling that may be—at once to propose the Cæsarian section. Dr. R. strongly inculcates the necessity of performing this operation *early*, if it be performed at all, as by deferring the operation till after the patient has become exhausted by the excessive exertion of labor, no chance of safety to mother or child is afforded. In the British isles, out of nearly thirty operations, we have only three instances of recovery on record—one in which an ignorant Irish midwife named Donnally officiated[*]—another under the able management of the late Mr. Barlow[†]—and a third, in which the operation was performed by Mr. Knowles, of Birmingham.[‡] The superior success which has attended this operation on the continent, results, Dr. R. thinks, from the earlier period at which the operation was performed.

After speaking of tumors in the cavity of the pelvis—exostoses—scirrhous, or dropsical ovary—scirrhous glands—and polypi, as causes of lingering labor, and describing their diagnosis and treatment in his usual lucid manner, Dr. R. mentions

DESCENT OF THE BLADDER,

which sometimes prolapses before the head.

Much embarrassment, and no small danger, may be the consequence of the case being overlooked or mistaken. This usually occurs in the early period of labor, before the head has engaged in the pelvic cavity, and depends on pressure exerted by the descending head upon the fundus, or middle portion of the organ, at a time when it is partially distended with urine. The symptoms attendant on prolapsed bladder are very distressing; and are to be relieved by the introduction of the catheter. Our author adds—keeping in mind the possibility of the bladder being pressed downwards as described, it is an essential duty never to puncture any fluctuating pelvic tumor, without being first assured that it is not vesical, by the removal of the urine by means of the catheter.

RIGIDITY OF THE SOFT PARTS

is next spoken of, and under this head are some valuable remarks and details of some interesting cases. Where the rigidity is the result of disease, as common rigidity, independent of diseased structure, is more usually met with—we think it should have taken precedence. With regard to the utility of abstraction of blood and the administration of opiates in rigidity of the os uteri, we have found the combination of the two remedies very valuable; and, where it was of importance to produce the effect with as little loss of blood as could be to our patient, we have bled the patient while she is standing if possible, otherwise sitting upright—by this mode fainting is more speedily induced—this followed by the exhibition of a large dose of tinct. opii (or an opiate enema as may be best suited to the case): by these means the parts become relaxed, and the pains completely suspended, and perhaps succeeded by some tranquil sleep, from which, when the patient arouses refreshed, the parts often give way readily to the renewed pains. We have found this practice eminently useful, in preternatural presentations of the upper extremities, combined with violent labor-pains, when it was extremely hazardous or impossible to turn; and also in cases where the secale cornutum had been injudiciously administered: for the most part, we prefer the opiate given by the mouth, as the administration itself of the enema excites local action, or the enema is not retained long enough to take effect.

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[*] In January, 1738–39. Med. Surg. Essays. Edinburgh. Vol. v. art. 38.

[†] In November, 1793. Barlow's Essays on Surgery and Midwifery, p. 355.

[‡] In 1835. Transactions of the Provincial Med. and Surg. Association, vol. iv. p. 377.

Dr. Gibson, of Philadelphia, has had *two* successful cases.—Ed.

Enemas of tobacco, common enemas, application of belladonna, muciluginous injections, warm bath, nauseating doses of antimony, emetics, are severally treated of. Meddlesome practice and other injudicious interference, and particularly the mal-administration of the ergot of rye, are strongly deprecated, and some additional milder means spoken of: one principal use, however, of these latter means is to gain time, so as to allow the natural powers an opportunity of exerting themselves efficiently, and at the same time to convince the woman that our mind is directed towards affording her relief, and thus, both hope and confidence are inspired; and perhaps greater advantage gained, than by any of the more positively useful attributes of these applications.

Our notice of this work has somewhat exceeded the limits we originally allotted to it; but we think few of our readers will be disposed to quarrel with us on this score. In our next we will complete our review.

Professor Mott's Lectures on Surgery.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

Session 1841-2.

Lecture XXI.

The Professor continued his remarks on the necessity of securing the great arterial trunks, before proceeding to the extirpation of the parotid gland. After that is done, an incision must be made over the whole tumor. This incision was directed to be made from above, downwards, and so as to meet the one made in securing the artery. Then, from the junction of these two incisions, another was to be made along the base of the jaw, and terminate a little below the lobe of the ear. The teguments are to be dissected off, when, of course, the superficial fascia of the neck will appear. This is also dissected back, and then the morbid structure comes into view. How is the mass to be removed? The plan which the learned Professor had adopted and recommended was this—recollecting that the vessels come from below, and that it is much better to cut the trunks than the remote branches, these he always cut in their direction rather than encounter the branches. The portion of the tumor lying on the base of the jaw is then first elevated; then that portion on the digastric muscle, anterior and inferior, as he had described; next that portion of it still deeper, lying on the pharynx, is detached; and then that lying on the internal carotid artery; and next is that portion of the gland lying on the internal jugular vein, which must of course be dissected off with the greatest carefulness and caution. In this way the dissection was proceeded with till the entire gland was detached.

The Professor here referred to a very interesting and remarkable fact, with which he became accidentally acquainted. It was this—that in cases where the operation of extirpating the gland was for any reason deferred till the day succeeding the application of a ligature on the artery, there was much less danger of hæmorrhage than in those cases in which both operations were performed on the same day. He accounted for it on the supposition that the arteries, in the former case, had sufficient opportunity to contract, and of course have the volume of blood diminished.

'The parotid gland, then,' said the lecturer, 'can be extirpated. This has been denied by several writers and surgeons of distinguished rank. One of my old fellow students at Edinburgh, Dr. Gibson, of Philadelphia, maintains that this gland cannot be extirpated, and that no man has ever done it. Dr. Pattison, my colleague, and Dr. Gibson, quarrelled about this very thing. You know we poor doctors are too apt to fall out with each other, and as there was not the best feeling at any rate between these gentlemen,—one being on one side of the fence, and the other on the other side,—this little quarrel did not mend matters, I assure you. (A laugh.) The consequence was that Dr. Pattison gave a lecture on the subject, and it was published by the students, and in it the doctor sets forth that the operation had been performed, and cites a number of cases in which European surgeons, and American surgeons too, performed the operation. Some of the operations, to be sure, have not succeeded. Time is a terrible truth-teller, and the results in some of these cases have discovered that the operation did not succeed. Among the operations in this city, one was performed by a gentleman who has paid the debt of nature, and far be it from me to say any thing about him that I would not, were he walking Broadway this very minute. *De mortuis nil nisi bonum* is a very good maxim, and I don't think I violate it now—I mean

THE LATE DR. BUSHE.

This gentleman came here as a PROFESSIONAL ADVENTURER—of good education, I believe, BUT WITHOUT ANY EXPERIENCE IN HIS PROFESSION WHATEVER—HE HAD NO EXPERIENCE WHATEVER—BUT THE GOOD FORTUNE THAT SOMETIMES ATTENDS ADVENTURERS HERE, GAVE HIM SOME CURRENCY AS A SURGEON.* This gentleman asserted, after some years practice, that he had twice performed this operation. With both these cases I am familiar, and in neither was the gland extirpated. I mention this to show you that men may be sometimes mistaken about these things.

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* With unfeigned pity for the living, and just veneration for the dead, we must add a note here. Dr. Bushe was, in every sense of the word, a great surgeon, and had, as is well known, gained a proud and well-merited reputation before he reached these shores. He was a man of a warm heart and a generous soul—had good hands and a sound head—and has left behind him a name which will perish only with the annals of surgical skill. We deeply lament that this lecturer could so ruthlessly invade the solemn sanctity of the tomb—rake up with a poniard the ashes of the gifted dead—and pour vinegar into the bleeding wounds of relatives and friends.

'Oh! shame, where is thy blush!'

[Editor of the Lancet.]

The next case was by Dr. Maclellan, of Philadelphia—well known for his surgical attainments and skill. I understand that this same gentleman has, within a few weeks since, again performed the operation. Dr. Knight, of New Haven, has also, I am told, performed it. It has been done, frequently in England, Scotland, Ireland, and on the continent."

The Professor went on to say that mistakes about the extirpation of the gland has no doubt often arisen in consequence of tumors in the immediate neighborhood of the gland being mistaken for that organ itself; or that in cases of enlargement and removal of the 'socii parotidis,' the same mistake may have occasionally arisen.

The next subject adverted to was

HARE-LIP.

The deformity was described and the operation explained, but it is not necessary to dwell here on this subject. The operation of

STAPHYLO-RAPHE

was also well described, and some very interesting cases which had been very successfully treated by the learned Professor, were narrated. Such operations, it was said, fell only to the Napoleons of the profession—the subalterns needn't trouble themselves about them! Some exceedingly useful practical remarks were made relative to the preparation of the little patients for the operation for hare-lip. In cases where the deformity implicated the bony structure, an operation should be performed early for obvious reasons. The child should be always weaned before an operation of this kind.

Travels in Europe and the East, embracing Observations made during a Tour through Great Britain, Ireland, France, Belgium, Holland, Prussia, Saxony, Bohemia, Austria, Bavaria, Switzerland, Lombardy, Tuscany, the Papal States, the Neapolitan Dominions, Malta, the Islands of the Archipelago, Greece, Egypt, Asia Minor, Turkey, Moldavia, Wallachia, and Hungary, in the years 1834, '35, '36, '37, '38, '39, '40, and '41. By Valentine Mott, M. D., Professor of Surgery, &c. New York: Harper & Brothers. 1842. 8vo. pp. 452.

There's no chance now-a-days for the untravelled chirurgeon. How, indeed, can a poor devil who has never left his own fireside and the wife of his bosom, for more than four-and-twenty hours at a time, enter the lists of 'surgery with surgical and pathological anatomy,' in competition with the man who has made the 'grand tour,' hob-nobbed with the king of the Cannibal Islands, and enjoyed a 'pic-nic' on the top of the Pyramids? Dr. Mott has been one of the most fortunate of these surgical peripatetics, and with a generous kindness, that does him infinite honor, he now condescendingly takes those who have staid at home by the hand, and shows them the kingdoms of the earth, with all the power and the glory of them, for the trifling sum of two dollars a head. In order to afford our numerous readers an opportunity of participating in the favors, of which we have thus been the humble and gratified recipients, we will introduce to them our venerable *confrere*, in the full spirit of the merciful advice of dear, old Isaac Walton, about impaling a live frog—'Treat him tenderly as a brother!'

The titlepage of this volume is exceedingly interesting in a philological point of view. 'Travels, *embracing Observations* during a Tour.' Very extraordinary travels indeed! The geographical announcement which follows, is somewhat startling at first sight, and when viewed in connection with the chronological statement, produces a very imposing effect, and, under no ordinary excitement, the believing reader turns to the precious pages which contain the observations of a man of science during a sojourn of eight years, in the most interesting portions of the Old World.

After a 'Preface,' in which, with a modest and characteristic dignity, the author describes his gracious 'acceptance' of a Professorship in the Stuyvesant Institute Medical School, we have an 'Introduction,' which lets us at once into the secret of the manufacture of the book. Long before the appearance of the volume, it was currently reported that the 'editing' of it had been entrusted to the hands,—we are not sure that we can say the *head*,—of a newspaper paragraphist in this city, who had attained a very respectable mediocrity in accurately recording

> 'Catastrophes most awful—
> Houses in ashes, and the fall of stocks—
> Births, deaths, and marriages,—'

and who, we feel in justice bound to say, is shrewdly suspected to be the veritable author of two of the very best ale-house puffs that have ever appeared in print. The name of this 'Editor' does not appear on the titlepage, but the 'Introduction,' as we have just said, lets the cat out of the bag. 'Peter Simple' does not play a more conspicuous part in the excellent novel that is known by his name, than does the penny-a-liner aforesaid in this 'Introduction.' In the imposing grandiloquence—the turgid style—the bewildering imagery—the novel grammatical construction of the sentences, the real author 'stands confest.' We give a few specimens:—

> To pluck out these ideal sorrows from the mind, no other alternative remains but that of severing, for the time, all connexion with those associations, scenes, or pursuits which have been the fostering and insidious source of the mischief.
>
> In exchange for these, the mind is renovated and refreshed by the tonic influence of those ever-changing novel scenes, which the *tableau* of human life in the Old World is constantly unfolding to our observation. New ideas, and feelings, and impressions arise, upon the ruins of corroding thoughts, that have been suspended or crushed; and while the intellectual repast is thus constantly being offered to our acceptance, in some more and more grateful excitement, none are permitted to imprint themselves so deeply upon the mind as to fatigue or weary by their monotony or insipidity. The magic wand of health is in our own hands, and may be called to dissipate all morbid fancies, or summon to our aid whatever is most pleasing.

What mysterious beauty! What startling imagery! What delightfully novel grammatical construction of the sentences! Whoo! 'Eureka'! We have found it! What? Why we couldn't for the life of us make out the meaning of the initial 'P' standing in solitary grandeur after the Author's name—but our eyes are now opened—we now know what 'Valentine Mott, M. D. and P.' means—it means 'Valentine Mott, Doctor of Medicine and Poet. But here is another remarkable sentence:—

> To my own beloved country, then, I gladly and exultingly return, with attachments tenfold stronger, if possible, to her matchless institutions, than even those which I felt pressing and crowding around my thoughts as I lingered on the last crimson gleams of the twilight, fading behind the blue hills of the Neversink, and bade my native land adieu!

This is rather *too* poetical. The worthy Doctor says he 'lingered on the last crimson gleams of the twilight.' Just imagine, gentle reader, the venerable surgeon gliding on a sunbeam! With all our love for him, we cannot help saying that in our opinion, he would make rather a clumsy sort of a cherub.

The same genius shines throughout the volume. Here and there, full of that amiable feeling and tender sensibility which every one knows Dr. Mott to possess, we have a few sentences which the 'Editor' has luckily failed to *emasculate*, but, as the wise man hath it, they are 'like jewels of gold in a swine's snout,' and only render the 'additions, emendations, and corrections' of the paltry paragraphist more abominable.

In the composition of these four hundred and fifty-two octavo pages, it is perfectly evident, there has been a terrible massacre of all the Guide-books, 'Pencillings by the Way,' and 'Incidents of Travel,' that have appeared within the last half dozen years. Author or Editor, with most praise-worthy perseverance, has hunted up his predecessors,

'And plundering snug,
Has sucked all o'er like an industrious bug.'

Had they 'sucked' to any purpose we could forgive them. But the book has not even the equivocal merit of being a good compilation. We will undertake to read the work over again, from beginning to end, 'Introduction' and all, *without* the help of Glenlivat, if a dozen '*milliners*' cannot be found in Division street, any one of whom, placed in a circulating library, with the help of her scissors and a pot-full of paste, will make a much better book. Apropos of those *artistes*—there is one passage in the book, which presents an unrivalled specimen of the true 'milliner's style' of description.

There is an illustrious name, that of one who sustained the character of *compagnon du voyage* to the author, of which we are pained to find no mention in the book—we mean that of the too fascinating Eldridge. The remarks of Dr. Eldridge on men and manners—the particulars of his intercourse with the Mæcenas, whom he was wont so affectionately to address

'O et præsidium et dulce decus meum'—

the tragic scene amid the 'gloomy fortresses of the Rhine,' when the injured patron exclaimed

'Odi profanum vulgus et arceo'—

the abrupt 'making himself scarce' of the *protege*: *these* and a thousand kindred reminiscences would have added an indescribable interest to the volume. We are truly sorry that the 'Travels' did not 'embrace' *these* 'observations.' The respected publishers, however, will remember our suggestion when preparing the second edition for the press. It has been hinted, indeed, that Dr. Mott's former associate will himself probably supply this lamentable and unaccountable omission.

Hoping that we incur no risk of robbing the volume of its 'freshness,' we will immediately proceed to present our readers with the sum and substance of Dr. Mott's medical 'observations' in 'Europe and the East, in the years 1834, '35, '36, '37, '38, '39, '40 and '41':—

> ROUX, OF PARIS.
>
> Upon Mr. Roux, the distinguished successor of Dupuytren, it is my duty as well as my pleasure to bestow a passing encomium for his surgical attainments and personal worth. He possesses in an eminent degree the high-minded qualities of a private gentleman and the true attributes of a great surgeon. A steadiness and a boldness of execution are prominent traits in his character as a surgeon. This confidence emanates from the immense opportunities he has had in the practice of his profession. One instance will illustrate the truth of my remark. But a few days before I left Paris, and next to his last visit to my house, he insisted upon my coming to witness some of his operations for the last time; after which, in walking with him from the hospital, and in speaking of his frequent performance of certain operations, he stated to me that he had *extracted the cataract* more than *six thousand times*; and having just witnessed him perform the lateral section of *lithotomy*, and bestowed upon it my commendation, he added that he ought to be expert in it, having performed that important operation about *six hundred times!*
>
> VELPEAU.
>
> My next interview was with the justly-distinguished Velpeau, a surgeon with whom I had long been in correspondence, and whom I felt that I already intimately knew before the pleasure I had of meeting him face to face upon his own element in the noble *Hospital of la Charité*. No man could have treated a brother more kindly and cordially than he did me. Velpeau ought to be the admiration of every one, for, from the humblest beginning of an uneducated, poor boy, he has, by his own unaided efforts and unflinching ambition, risen to the most distinguished rank in his profession. He is an able operator, an admirable teacher, a profoundly minute anatomist, and by far the most scientific and best-read surgeon I have ever met with. His works, apart from his lectures, give abundant evidence of the truth of this remark.
>
> CIVIALE.
>
> But the *Hospital of Necker* must not be forgotten; for here presides the ever-illustrious and unrivalled Civiale, the projector and the author of that greatest of all triumphs for science and humanity, of that master-innovation in the treatment of calculus, the operation of *Lithontrity*. How much pain, how much agony, has not this great and good man saved to his fellow creatures! And how perfectly in keeping with his mild and unpretending demeanor and his benevolent heart, has been the victory he has gained over one of the most afflicting and excruciating torments which it is the lot of mortals to endure. Civiale is, in truth, one of the noblemen of our profession, in all the charities that adorn our nature. In his speciality, of all the men I have ever seen, for delicacy of tact and adroitness of execution, he surpasses. It is utterly impossible for any one to imagine the highly-finished style of his manipulations. I have often remarked to the pupils of our country during my residence in Paris, that a visit to Civiale would alone amply compensate them for their journey to France; and that it was worth all the expense to a young man to learn a lesson from him. For it would teach, above all other things, what apparently almost insurmountable obstacles persevering resolution and matchless skill in the use of instruments can overcome. Happily for the honor of mankind, and for the gratitude of those who owe to him their exemption from the anguish of a distressing and excruciating malady, he has been richly rewarded for his noble discovery, and amassed a fortune which is not exceeded by that of any of his brethren in the French capital.

BROUSSAIS.

Immediately following his death, a bronze statue of this eminent physician, of the size of life, was cast by order of the Institute. I saw it at the foundry. He is seated in the chair of his library; his noble form, of Roman-like grandeur, stern as he looked—erect and commanding. Under one foot, prostrate in the dust, lie the ponderous tomes of *Hoffman, Boerhaave Van Swieten*, and *Cullen*, occupying the position in which his doctrines placed these justly-revered fathers of medicine, who for him had lived and labored in vain. In his right hand were seen the volumes of his own dear system of physiological medicine. Alas, what presumption! Great as was the merit of Broussais, is it not consummate weakness, pride, and folly, to have falsely represented him thus, as having annihilated, by one stroke of the pen, such treasures of wisdom and of practical experience, of laborious research and profound acumen, as are scattered like pearls and diamonds through the pages of these immortal authors?

BARON LARREY.

At the age of almost *fourscore*, this veteran in surgery, having survived a *hundred campaigns*, reposes upon his laurels in his favorite capital. Did ever any man, in ancient or modern times, witness the one tenth or one hundredth part of the bloody scenes of battle that he has participated in? What surgeon has ever looked upon, and been in the midst of such awful carnage? From the burning sands of Egypt, to the frozen snows of Russia, and the final close of the drama at Waterloo, he was ever by the side of his beloved chieftain.

He told me on one occasion—for I may with pride say that I enjoyed the intimacy of this great surgeon, whom Napoleon, in his will and elsewhere, often spoke of as "*the best of men*"—that for twenty years of his life he slept, it may be said, on the same straw, and was wrapped in the same cloak with his great master.

I very much question whether any man since the days of *Ambrose Paré*, ever enjoyed the confidence and esteem of the whole army as much as Larrey. This I myself have witnessed again and again in his walks through the hospital of the celebrated *Invalides* at Paris, of which he was *surgeon-in-chief*. It was delightful to behold the almost religious veneration with which his old companions in arms received and welcomed him as he passed from bed to bed. The eyes of these decrepit warriors would glisten with joy at his approach; and, if sad from suffering, he would cheer their drooping spirits by recounting to them some memorable victory in which they had both participated. I have heard him sound in their ears the magic words, *Lodi! Marengo!* and *Austerlitz!* and *Mont Tabor!* and the effect was electric and wonderful. It was like the neighing of the war-horse at the sound of the trumpet. Can this be wondered at, when they saw in the person of Larrey the very form and figure—"the counterfeit presentment"—of their great captain; and when they saw and knew too, that the favorite *tri-cornered chapeau* which Larrey wore on his head as he walked from ward to ward, was that identical hat, made for and worn by Napoleon himself, and by him presented to Larrey, because, as Napoleon delicately remarked, it seemed to fit him best. This incident of the present of the hat was related to me by Baron Larrey on one occasion, when I was accompanying him through the *Invalides*, when he pleasantly transferred the hat from his own head to mine, and added that *that* hat Napoleon had worn.

As an illustration of his immense experience, he told me that he amputated *fourteen arms* at the *shoulder joint* the morning after the battle of *Wagram*, and that he performed more than *two hundred amputations* after the battle of Austerlitz; and persevering in his efforts to relieve the wounded soldiers, his knife fell powerless from his exhausted hand.

M. SEUTIN.

Netherlands has produced men of great merit in our profession; among whom I must be permitted to name *Mr. Seutin*, the author of the new system of healing fractures, now much adopted in that country and in France, denominated "*La Bandage Immobile*," or "*L'Appareil Amidonnée*," so called from the starch or *dextrine* with which the bandages are saturated, forming, when they and the successive layers of pasteboard are dry, an *immovable* encasement to the limb, as much so as if it were enclosed in a dried paste envelope of plaster of Paris. An admirable contribution to practical surgery under many circumstances.

We had the happiness of knowing the author, and of being shown by him every step of the process, and of hearing his proofs and arguments in favor of it. As is natural to an inventor, he is perhaps more enthusiastic in its favor than many who listen to and witness his illustrations. Many surgeons, with great justice, will object to the immediate application of this apparatus at the moment of the fracture, and of this number we profess ourselves to be, from a fear of the perfectly inelastic character of the *appareil*, and the natural tendency we all know there is to vesications and excoriations when a recent fracture is too tightly bandaged, and the heat thereby is made to accumulate.

From instances which I have known of severe inflammation caused by this practice, extending frightfully through the limb, and from suppurations permanently impairing the functions of motion, I would advise great circumspection in the use of it immediately after an accident.

* * * * * * *

But unquestionably, after the inflammatory symptoms have subsided, this process adds vastly to the comfort of the patient, and abridges greatly the irksomeness of confinement.

Seutin, however, stoutly maintains that an important part of the efficacy of his method consists in its immediate application after an injury. He cited to me examples of attempts made to depreciate his practice, in which the application was delayed for a number of days instead of being used instantly, as he insists it should have been.

In army practice, where soldiers are to be transported, and in civil life also, under such circumstances, Seutin's method will be in every point of view justified.

As for ourselves, we admire the simplicity, the every-thing surgical, in the admirable dressings of the *modern father of military surgery*, Baron Larrey.

His flat and cylindrical cushions of rolled-up straw sewed in common linen cloth, composed thus of materials accessible on all occasions, and which are placed longitudinally next to the limb and beneath the splints, forming with the latter an open framework around it, have an advantage over all other dressings, by their elasticity, coolness, and cleanliness, and at the same time giving an opportunity for the limb to be daily examined.

This simple and cheap apparatus is, in fact, an imitation of Nature herself in the adjustment of the action of the long muscles, by which their antagonist powers, in an unfractured healthy limb, exert, like so many levers, a proper equipoise of extension and flexion in preserving the bones in a correct position upon their hinges or joints.

DR. MOTT'S 'WATERLOO OPERATION.'

When about to leave I was offered to select a souvenir, and contented myself with a single *Clavicle*, which I prize highly, as having belonged to such distinguished anatomists as those who founded this museum.

Perhaps my affection for so small a part of the human fabric, might have made my friends at Hallé consider me particularly moderate; but I had a reason which my American countrymen will pardon me for having wished to gratify. It was that I might have in this memorial of the labor of the illustrious Meckels that bone, so small, yet so important in the human body, and frightful in some of its diseases, which I conceived to have myself given—I hope I may say without vanity—still more consideration to, by *exsecting* it through its entire extent for a tremendous *Osteo-sarcoma.* I attached more value to this operation from its novelty and originality, and from its never having been performed before; and, let me add, from my deeming it, from the character of the vessels and parts involved in its steps, the most important, difficult, and dangerous operation that can be performed on the human body. The patient who was the subject of it still lives, as a monument of the benefit of modern surgery. It has only been performed successfully on one occasion since. I have ventured to call it my *Waterloo* operation, as it was performed on the seventeenth day of June, [1827.]

HOSPITALS IN VIENNA.

There is an immense civil general hospital connected with this school, and it is, in my opinion, the best regulated, the most perfectly neat and admirably ventilated, and the most practically useful in all its arrangements, of any establishment of the kind in any part of the world. They have adopted a practice there deserving of imitation everywhere. It consists in placing at the head of the bed of every patient a *label*, with a brief history of the case, and all the prescriptions which are addressed to the malady. This gives great facility to the student, and to all professional persons who visit the hospital, thereby enabling each not only to see the name of the disease and the method of treatment pursued, but sparing also the patient from the annoyance of harassing interrogatories, one of the greatest evils to the sick in public institutions. We trust this practice will sooner or later be universally adopted.

The hospital, including the ophthalmic department, is composed of no less than *twelve spacious quadrangles*, and accommodates about *four thousand* patients, which will give you some idea of its astonishing magnitude.

Yet, besides this, there is also a large *military* hospital, with a rich, extensive, and most beautiful museum, altogether furnishing, with the *civil* establishment, unsurpassed opportunities for professional instruction, and made admirably and usefully tributary to the *University*, one of the most flourishing in Europe.

Though this University is not distinguished for the promulgation of any particular doctrines in medicine, nor for having struck out any new path in operative surgery, the professors nevertheless are eminent in their respective branches; and though they have, for the most part, not wandered far out of the usual routine of practice, still their course has been *pari passu* with the great improvements of the day; and as an evidence of the reputation they enjoy, they attract to the capital from six to *eight hundred* pupils annually.

Among others of our profession at Vienna who are ably endeavoring to advance the reputation of sound medical science on the only secure basis upon which it can march, that of practical experience at the bedside, and in autopsic examinations, we must, before concluding our visit to this capital, not omit to mention *Profesor Rokitansky* and *Dr. Akoda*. The former, (Rokitansky,) professor of pathological anatomy, availing himself of the wide field of inquiry which his position gives him, has, after years of the closest and most diligent application, recently published a work, than which none was more wanted by the profession; and which, being a faithful description of what he himself saw in more than *twelve thousand dead bodies*, and a well-digested theory of the greater number of morbid processes, which he has minutely traced throughout their stages, will form a most invaluable accession to pathology and therapeutics. Akoda, now *Primarius* in the General Hospital of Vienna, has, after a number of years of the most laborious application to the subject of percussion and auscultation, brought out a great work on those modes of applying the principles of *acoustics* to the illustration of pathological phenomena, which probably will give it the precedence over all others. It is founded wholly on his own observations on the living subject, confirmed by numerous post-mortem examinations. Akoda believes that he has succeeded in reconciling nearly all the phenomena of respiration, circulation, &c., with the laws of physics as observed in inanimate matter. I am gratified in being able to announce that my friend, Dr. Arthur Fisher, an American physician, now abroad, is engaged in translating both the above works into the English language.

Some carping, craving creatures may here whine the remark that the author, after a sojourn of eight years in 'Europe and the East,' might have favored his brethren with a few original and interesting observations on the climate—natural history—and diseases prevalent in the countries which he visited. But we're not unreasonable—not we. There are more leeches than the 'horse-leech'—and that our author knows—which never cease crying 'give! give!' But we are unlike them all Without one idle murmur we accept 'the gifts the gods provide,' and with grateful hearts receive the precious information that, after an interval of five-and-thirty years, Sir Astley Cooper recognized Dr. Mott—that Roux has extracted six thousand cataracts—and that Velpeau received our author as a brother—we would have despised him if he hadn't—that Larrey wears Napoleon's old hat—and, most interesting of all, that Civiale, happy dog, has amassed a princely fortune.

But here is a fragrant extract, to which we will prefix an appropriate motto—one that combines both rhyme and reason, according to our author:—

'What pleasure can exceed
The smoking of *the* weed?'

DR. MOTT'S OPINION OF TOBACCO.

If this 'good creature' and 'precious weed,' as it was called when first brought into vogue by Sir Walter Raleigh, were so extremely deleterious as some would have us believe, it appears to me inconceivable how we should find the most vigorous constitutions and well-developed forms among those very people where it is so profusely employed, chiefly in the form of smoking.

In France its consumption is certainly on the increase, and in England we should judge that it is getting more and more into vogue. It is not our intention to dilate upon this disputed question; but our experience leads us to the conclusion that much more censure has been cast upon our American Virginia plant than it merits. In one very fatal and distressing form of disease, to wit, *Laryngeal Phthisis*, and *Bronchitis* among public speakers, the fact is very clearly established, that the moderate habit of smoking, by the drain it accomplishes and its anodyne qualities, has been eminently useful, at least as a preventive for that peculiar malady so frequent in the northern part of the United States, especially among the clergy.

But our gradually diminishing space admonishes us that we must tear ourselves away from this amusing volume. One more extract and we have done:—

DR. MOTT AS A THEOLOGIAN.

An interesting object at Constantinople is a sect of Mohammedans called *Dervishes*. There are two varieties of this description of Mussulmen: the dancing or turning, and the grunting or groaning. The former are by far the most curious and respectable, and have a beautiful place of worship at Pera. The latter are at Scutari, on the Asiatic side of the Bosphorus. They are both followers of the Prophet, but have seceded from the established Mohammedan faith, and are objects of hatred and persecution by the orthodox Mussulmen. They have a chief or leader among them, whom they appear to hold in the highest respect, and even veneration. The sect increases from converts from without,

> matrimony not being permitted among them. In some parts of their worship there appears to be great fervor and earnest devotion, but at their strange gesticulation and characteristic features, the mind of every one must turn with pity and disgust. There is nothing in our country that can compare with them but the peculiar and unnatural people called *Shakers*. Which has the priority of rank, or precedence in time or years, I cannot positively say; but my belief is that the Dervishes are the most ancient. It is certainly a curious and interesting coincidence, that in the two great divisions of Christianism and Mohammedanism there should be in each a sect whose physical habits so remarkably resemble each other, without, it may fairly be supposed, either having the slightest knowledge of the other.
>
> Each laboring, for all that we know, spiritually, as they certainly do physically, for a glorious and happy immortality, the one through the laws and rigid regulations of their renowned prophet and head, Mohammed, the other through the merits and sufferings of Jesus, the Redeemer of the Christian world. The good and faithful of each will, I have no doubt, be saved. The one will be judged by the Law and the other by the Gospel. It cannot be otherwise, when we know that *nine-tenths* of the human race have never heard or even lisped the name of Christ, and when we believe in the abundance of mercy that perpetually flows from and surrounds the seat of Jehovah.

This passage demonstrates, according to our way of thinking, that Dr. Mott is about as sound a theologian as he is a good poet. But the discussion of this point would lead us to violate a most sensible maxim—one which the good doctor in leaving the walks of operative surgery, in which he has gained the greatest and most enduring fame, for the purpose of writing a book, has most foolishly and wantonly despised—that maxim is, reader, as you already guess,

NE SUTOR ULTRA CREPIDAM!

We have rather more of the 'milk of human kindness' than usually falls to the lot of critics, and in the full glow of our charitable disposition, we reiterate this salutary proverb, and say, in the name of all the gods, let *such* a surgeon stick to his knife! In operative surgery, Dr. Mott, the world knows, is a hero—but in syntax, he is a very dunce: in the domains of 'surgery with surgical and pathological anatomy,' he is, to use his own simile, a Napoleon—in the fair fields of literature he is the very incarnation of Dullness. On glandular swellings and burrowing fistulas he gazes with a master's eye—on the face of Nature, and the scenery of the moral world, he looks with the interesting ignorance of a blubbering boy. Long may Dr. Mott live to bless us with his surgical dexterity—but never, oh! never, let him again visit our sins with a BOOK!

The American Medical Library and Intelligencer. By Robley Dunglison, M. D., Professor of the Institutes of Medicine in Jefferson Medical College of Philadelphia. Published monthly by Adam Waldie, 46 Carpenter street, Philadelphia. New Series, No. VI.

This periodical continues to sustain the high and extended reputation which it has attained. The present number contains the first of a series of medical reports by Dr. J. B. Wright, of the U. S. Army; the conclusion of Dr. Macrobon's Introduction to the Study of Practical Medicine; and the commencement of a Treatise on Amaurosis and Amaurotic Affections, by Mr. Hocken. The spirited publisher offers a copy of Professor Dunglison's 'New Remedies' as a premium to every new subscriber. We hope this liberality will meet its reward.

We may here *en passant* remark, that we have learned from several members of 'the trade,' that the recent work, of the able Editor of this valuable periodical, on the Practice of Medicine, has been remarkably well received, and is meeting a very extensive sale. We are happy to hear of this success.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, February 26, 1842.

Treatment of the Insane.

Medical science in our day can point to no greater triumphs, than those which are discoverable in the improved treatment of the insane. The barbarous practices of the time when those bereft of reason were chained and beaten as if they were wild animals, who had nothing of humanity remaining but the outward form; and when the idiotic from whom nothing was to be feared were left to roam at large, uncared for, and unprotected; are now almost universally regarded with the horror and detestation with which they were so fitly calculated to inspire every humane and intelligent mind. The abolition of brute force and mechanical restraints in the government of the poor lunatic, and the substitution in their stead of efficient moral control, by the exercise of kindness, forbearance, and persuasion, have produced results as cheering and beneficial as those of the former system were heart-rending and disastrous.

Still there are some who cannot admit the utility of the glorious change which has been thus effected. To the charges of inefficiency and 'cruelty,' which the advocates of personal coercion and restraint prefer against the improved system, we find the following appropriate reply in the report of the visiters of the Hanwell Asylum, (England,) under the able management of Dr. Connolly:—

"And yet it has been supposed that there is actually more of cruelty in this system, under the guise of humanity, than in that which was partly carried on by instruments of coercion! To this the visiting justices would beg in reply to say, that they can detect no grounds for so serious an imputation. If it had altogether failed, and by its failure entailed unnecessary sufferings upon the patient, then indeed it might possibly be open to such a charge. But such is not the case. It has not failed, but has succeeded; and the visiting justices have perhaps one of the best proofs of its success in the testimonies of the patients themselves when they are restored to health, and are fully alive to the comforts and advantages which they have enjoyed under it. The committee are accustomed, on their appearing before them to receive their discharge, to examine them as to the degree of consciousness they possessed during their malady, and it has been found that their consciousness, and their recollection of what had passed, were much more distinct and perfect than might be supposed. In answer to inquiries as to whether they were satisfied with their treatment, and whether they had any thing to complain of, they have uniformly, with but one exception, where a female complained of having been once struck on the face by a nurse, expressed themselves perfectly satisfied with the kindness and attention they had received, and in some instances in such feeling terms as to convince the visiting justices that kind treatment is not lost upon the insane, but is distinctly and gratefully recollected when they are restored to reason."

In our own country the same rational mode of treatment has been long since adopted in many of the asylums for the insane, and with the same satisfactory results. We hope to be enabled in an early period, to communicate to our readers some interesting particulars relative to the management of the asylums in the neighborhood of this city, when we will be prepared to speak at greater length on this deeply interesting subject.

The Revolution in Periodical Medical Literature.

A miserable affair, ycleped the 'Medical Examiner,' published in Philadelphia every Saturday, on the same terms as this Journal, complains in a voice

> 'Faint as a chicken's note that hath the pip,'

of our taking hospital reports from it without acknowledgement. The simple fact is, that in one solitary instance we quoted a *paragraph* from a meagre report which appeared in the *Examiner*, without stating the source from whence it was obtained. We will now, however, proceed to atone for our criminality, by dragging the sickly creature, for once, into the light of day.

The *Examiner* contains about one-third the amount of matter given in the *Lancet*—so much for the quantity: of the relative value of the contents of the two periodicals, the profession have already expressed a just and satisfactory opinion in the measure of support which has been meted out to the respective publications. The weekly medical journals in existence in this country before the *Lancet*, have been wretched catchpennies—miserable in their appearance—miserable in their composition—miserably managed. They have been established to subserve some petty object, and hence they have been merely

> 'Sons of a day ! just buoyant on the flood,
> Then numbered with the puppies in the mud !'

In a few weeks we will have effected arrangements,—the completion of which has hitherto been delayed by the occurrence of unexpected circumstances,—by which we will be enabled to represent, as it deserves, the progress of medical science in Philadelphia, with a faithful record of all interesting proceedings at the venerable colleges and valuable hospitals of that noble city—all which the petty *Examiner*, with its *three* Editors, has utterly and disgracefully failed to do.

The following portion of the *Examiner's* complaint is so original and amusing, that it would be the greatest cruelty to suppress it :—

> "While on the subject, we may express the opinion that credit is due not only for the original articles which appear in a journal, but also for the selected matter, which is, in general, prepared at little less cost of time than the original. Our own rule is always to name the source whence our matter is taken. We sometimes, however, see pieces credited directly to a French or German periodical, which have passed through two or three different channels before reaching their *ultima thule.* The *Zeitschrift* or *Gazette*, a far removed claimant, receives all the honors of paternity, and the journal which has collated, and, perhaps, condensed and translated, is passed over without mention. This is but scant justice."

From this extraordinary passage it is evident that the common sense of the *Examiner* is equal to its modesty !

But to dismiss this insignificant affair—for the introduction of which we must crave the pardon of our readers—the *Lancet* will revolutionize this department of our periodical medical literature. No pecuniary expense has been spared in establishing this Journal, and we have devoted ourselves with all our energies to its management. We believe we may safely say, that our professional brethren think that we have already given some evidence of the honesty of our purposes and the good faith of our promises. But in a short time longer we will afford still greater manifestations of our will and ability to make a national journal of medical science; one which will be worthy of the profession in this great country, now rapidly acquiring that elevated position, to which it is entitled, but which it has hitherto been prevented from attaining, by the influence of *cliques*, and partizanships, and inefficient systems of education, and the want of a reputable and independent press devoted to the promotion of its interests and the defence of its rights, without fearing the face of man.

Anatomical and Pathological Drawing.

We do not know any more agreeable and profitable accomplishment which a member of our profession can possess, than a knowledge of anatomical and pathological drawing. We have long been of opinion that a competent teacher of this art should be connected with every medical school. Such an appointment might include the office of Curator of the Museum, which should also be attached to all institutions for medical instruction.

Dr. Westmacott, of this city, whose taste and skill as a draughtsman are well known, has, it seems, opened classes for teaching this art, and will, we hope, attain that success with which we are sure he deserves to meet.

To Publishers.

Several books have been received for review from the Messrs. Langley, Le Roy Sunderland, and others, which we have been unable to notice in the present number.

As inquiries respecting the cost of new works are frequently addressed to us, we think that it would be proper for publishers to mark the price on such books as they forward for review.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, February 21.

This valuable institution was, as usual, attended last Monday by a crowd of the students of both schools. A case of strabismus and one of hydrocele were operated on; and an enormous 'wen,' which had existed for thirty-six years, was extirpated from the nape of the neck of an elderly man. Dr. Stevens offered some excellent practical remarks on several of the cases, which did not, however, present any points of peculiar interest or novelty.

TO THE EDITOR OF THE LANCET.

Salivation from Colchicum.

On the 22d of December last, the Rev. J. H. K. was attacked with the ordinary symptoms of inflammatory fever. On the 24th, acute rheumatism was fully developed, fastening itself upon the aponeurosis of the muscles of the right arm and the capsular ligaments of the joints of the wrist, hand, and the knee and ankle of the same side, and eventually extending itself over nearly the whole body. A disease to which the patient was predisposed, and brought on in this instance by too frequent exposure to atmospheric vicissitudes.

Free bleeding, purging with calomel and the neutral salts and senna, and Dover's powders at night, made up the treatment during the onset of the disease. The whole amount of calomel administered in this case was ten grains in combination with ten grains of Dover's powder, on the second night of the attack, which was followed up on the ensuing morning with Magnes: Ust: Sulph: Magnes: āā. ʒij., producing free purging. On the fifth day of the disease, after the general inflammatory symptoms had in a measure been subdued, I administered the Tr. Colchicum in the following formula:—

℞ Tr: Colchic: Aut: ʒij.
Aq: Camph; ʒij.
Tart: Antim: gr. j.

Of this mixture a tea-spoonful was directed every two hours. After the first day's use of this prescription, almost every dose was succeeded by distressing nausea, when the addition of the Tartarized Ant. was dispensed with. The sensible effect of the Colchicum upon the system of my patient was as follows:—Free diaphoresis, nausea, slight vertigo, pain in the bowels, catharsis, a reduction of the pulse, and almost an entire relief from pain. But that effect to which I desire more particularly to direct the attention of my medical brethren, was the copious secretion of saliva, which took place a few days after introducing the Colchicum, and which continued to flow in a fair stream for four or five days, without any sensible abatement, insomuch that my patient declared that I had salivated him, and his friends unhesitatingly attributed this unpleasant result to the administration of *mercury*. Knowing that I had not employed any mercurial preparation, save the ten grains of calomel above alluded to, and which had been administered full eight days before this occurrence, and had passed off by the bowels, I assured my disconcerted patient and his anxious friends, that the ptyalism was not the effect of mercury, but of a cause unknown to me. Had his symptoms assumed the ordinary character of a ptyalism from mercury, I should no doubt have ascribed them to the calomel purge; but his breath presented no mercurial fœtor, on the other hand it gave forth a pleasant odor; his tongue, gums, and the whole mucous surface of his mouth and throat, were clean and free from swelling, nor could any enlargement of the sub-maxillary glands be felt.

On a reference to Wood and Bache's valuable Dispensatory, Art. Colchicum, p. 239, I found that notice was there taken of a violent case of salivation, supposed to have resulted from its use, and recorded in the medical summary of the N. Am. Med. and Surg. Jour., vol. x. p. 204, by Dr. J. B. Bucknor; nor was this effect in his hands confined to a single case, as the doctor observes that whenever he had found the Colchicum decidedly beneficial, it had *invariably* produced an increased flow of saliva to a greater or less extent. Such, however, is not my experience, as in three subsequent cases of sub-acute rheumatism I introduced the Colchicum with evident benefit, substituting it for every other remedy, and pushing its use till vomiting and purging was produced, without observing in either case any sialogogue effect.

The novelty of this isolated fact certainly deserves some consideration, especially when coupled with the experience of Dr. Bucknor, although not sufficient in my estimation to establish for Colchicum the character of a sialogogue. It is too true that scattered records of the medicinal virtues of various articles of the materia medica often mislead practitioners; but on the other hand, that these same detached facts often lead to valuable medical and therapeutical conclusions. In furnishing this case for publication, I have no particular theory to advance, no opinion to venture, no conclusions to draw from it. I submit it as a mere incident in practice, rather than an item of medical experience in the use of the Colchicum; nor would I have drawn this bow at a venture, had it not been that a similar case is on record, and with a hope that, in the progress of medical research, it may lead to a more thorough acquaintance with the therapeutic virtues of a plant, respecting the safety and operation of which there is at present much difference of opinion.

I am, sir, yours, &c.

Wilson Jewell, M. D.

Philadelphia, February 15, 1842.

TO THE EDITOR OF THE LANCET.

Dear Sir:—

Thinking you might like to insert in your paper some account of an operation which has not been published, I will give a statement of one which I saw performed here by Dr. Warren, which is not without interest.

Yours, &c.,

A Medical Student.

Boston, February 20, 1842.

Operation of Prostatotomy, according to the Method of Celsus. By Dr. Warren, of Boston.

The subject was a farmer, about 35 years of age; rather feeble from the effects of incessant pain, which he had suffered for the last two or three years, and a constant urinary discharge, which he was unable to restrain.

An incision of a crescent shape, about two inches long, was made across the perineum, an inch in front of the anus, as was mentioned in the lecture of Dr. W. The bulb of the urethra was raised, and the membranous part cut open; a straight probe-pointed knife was then passed into the prostate, which was divided on each side. A forceps introduced, readily seized a large stone, about two inches long and as thick as a pigeon's egg, and gradually brought it through the wound. Another stone, smaller than the first, which seemed to be in the bladder, was then removed.

The operation occupied but a few minutes, and the patient did not lose over two ounces of blood. He expressed great relief when I saw him in the ward after the operation. Has had no bad symptoms, and is now, I believe, out of his bed.

Query.—Has the Celsian operation been performed before in this country?

FROM THE LONDON MEDICAL GAZETTE.

Case of Leucorrhœa, with remarks by C. J. B. Williams, M. D., F. R. S.

Mary Day, æt. 20, admitted October 26th, of florid complexion, dark hair; had formerly enjoyed good health, but has been ailing for the last two years. If I recollect aright, it was about this time ago when she first came to London, having previously resided at her native place in Somertshire. We frequently find that florid robust girls, from the country, lose their health on coming to London; especially when their residence in town is in a crowded, or damp low situation; and Lambeth, where the girl has been residing, is one of the worst of such parts. About nine months ago the discharge per vaginam first commenced; it was in considerable quantity, colorless, occasionally thick, at other times more watery. It continued since its first appearance up to the time of her admission, being increased on standing or using any exertion, and diminished by the opposite circumstances of rest and quiet. With the discharge she has suffered also from almost constant pain in the lower part of the back, and latterly she has become much weaker, and somewhat thinner and paler than formerly.

At the time of her admission there was dull aching pain in the lower part of the back, and some tenderness on firm pressure in this situation; the discharge per vaginam was abundant, and of a yellowish color. She complained of much general weakness, and the extremities were usually cold. Catamenia scanty, and occurring irregularly; the urine pale, and of a rather low specific gravity. The bowels were costive, and there were many of the ordinary symptoms of atonic dyspepsia.

This is a severe case of a complaint extremely common, particularly in close, low, damp situations in towns, and in those much confined to in-door employments.

The pathology of this disorder is a subject which has been much discussed; but, in the present case, from its chronic character, from its being accompanied with much general and functional debility, and resulting, as it does, from debilitating causes, we must regard it rather as a disease of weakness, with congestion of the uterine system, than of an inflammatory character. There are some forms of leucorrhœa which may be regarded as more inflammatory, arising from irritating causes; but these are of a less permanent character. The discharge here may be considered as a flux from the vessels congested by total loss of tone; and, as in other cases of atonic congestion, we find it increased by postures and exertions that cause the blood to gravitate to the weak parts.

We see also that the periodic function of the uterus had suffered: it is very obvious that vessels continually drained by flux cannot contain sufficient for their periodic secretion. The pain in the lower part of the back is an interesting symptom with regard to the pathology of these cases; it is generally a wearing pain, relieved by lying down, and often by pressure applied to the back, though in this instance it was increased by firm pressure. These pains must be regarded as analogous to those of, what is called, spinal irritation, in which there is pain in the back, and likewise in organs supplied by nerves arising from the painful part of the spine. The pathological nature of the affection of the spine is probably congestive; and if we consider the remarkably tortuous distribution and the large size of the vessels within the spinal canal, we shall not wonder that these may readily become subject to that morbid condition.

The treatment was deduced from consideration of the pathology of the disease. Two indications presented themselves; one to relieve and brace the loaded vessels; the other to give strength generally. The most effectual mode of relieving congested vessels is by local blood-letting. The vessels of the uterus are rather out of the way; leeches to the os uteri are the most immediate means of drawing blood from this organ; but this plan is not always convenient or practicable. The next best plan is cupping, or leeches to the lower part of the back. This is quite necessary in long-continued cases: in slighter cases the continued application of cold, as by sponging with vinegar for a quarter of an hour together, or by pouring several jugs of cold water in a forcible stream on the back, so as to render the back quite cold, is sufficient. Cold thus applied braces not only the vessels of the spinal sheath, but also those in the pelvis. If the patient be susceptible of cold, salt should be added to the water, and diligent friction used after the affusion; and the feet may during the process be kept in warm water. These measures will often give permanent relief, where astringent injections have been used for a length of time without any benefit. In this case, however, as there was considerable pain, and the patient was not much anæmated, cupping was considered necessary; and a solution of zinc was prescribed as an injection. The pain in the first place was considerably relieved by the cupping; but it was subsequently increased, as well as the discharge, by the rough manner in which the injection had been applied. On this account the injection was discontinued. Another measure conducive to relieve by derivation the inflamed vessels, is purgation; here further indicated by the costiveness. But common purgatives, such as aloes, colocynth, jalap, and the like, irritate the lower bowels, and by sympathy the uterine system; they should be therefore avoided. The best kind of aperient is two or three drachms, or a sufficient dose. of Epsom salts, with half a drachm of diluted sulphuric acid in infusion of quassia, with a little peppermint water. This taken every morning fasting is a good tonic aperient, acting without irritation, and tends to brace the vessels after its operation. In other respects the treatment was supporting.

This treatment diminished, but did not remove the discharge and the pain; hence it appeared desirable to repeat the cupping; after which the pain was only felt on exertion. But the leucorrhœa continued; and for this another injection was tried: sulphate of copper, gr. j., to ℥j. of water, which was changed in a few days for a solution of alum, with tinct. opii, the former injection having given some pain.

The strength and general health of the patient improved under the tonic treatment; and on the 10th the catamenia appeared: in consequence of this the injection was discontinued, and likewise the acid saline. But, on the suspension of the medicine, the pain in the back returned; and it was quite evident that unless the treatment were continued, the disease would remain at a stand. Accordingly, when the menstrual flux ceased, both the saline and the injection were recommenced; and this was followed by considerable improvement, which progressed favorably till the 20th, when, in consequence of having exerted herself too much, and likewise, as it appeared, from her having, by mistake, taken an over-dose of the opening medicine, the pain in the back returned. She was soon relieved by a third cupping to a small amount; and, on the 27th, she was discharged convalescent, the leucorrhœa being almost entirely removed, and her general health being completely restored; so that her longer confinement in the house would be probably more injurious than the rest it afforded would be beneficial.

Use of Morphia in Strangulated Hernia. By David Bell, M. D., Carlisle.

[Dr. Bell brings forward the following interesting case to show the efficacy of morphia in this affection. He was first induced to try this remedy instead of the usual nauseating medicines, from observing the great prostration of strength and total relaxation of the system, which followed a large dose when given to subdue agonizing pain in different parts.]

Being called to Mrs. C——, aged 55, of somewhat delicate constitution, I found her laboring under all the symptoms of strangulation of the intestine, and on examination felt a protrusion from the left femoral opening about the size of a pigeon's egg. I was told by the patient that she had been the subject of this affection for several years, and that, on one occasion, two medical gentlemen had used every endeavor by the taxis, &c., for hours, and were on the verge of an operation before they succeeded in its reduction. The tumor, when I first felt it, was pretty tender to the touch, (having been much handled by the patient in her attempts to reduce it,) and after I had used the taxis, with every reasonable change of position that might be favorable, for nearly two hours, the parts became so tender that she screamed aloud at the slightest touch. I resolved, therefore, on a trial of the muriate of morphia, and prescribed one grain in an ounce of distilled water, with the addition of a drop of muriatic acid. The one half was taken immediately, and the remainder in half an hour afterwards. The result was, that symptoms consequent upon a large dose of this medicine, (for one grain is such when *genuine*,) showed themselves in less than an hour—the patient felt, to use her own expression, as if she had "lost all power." There was a clammy moisture of the skin, with some drowsiness, and on applying her hand to the swelling, in a half unconscious manner, it gave way under the slightest pressure, and disappeared.

Previously to giving publicity to this case, I considered it prudent to avail myself of others, should they occur; and having been called to a lady, aged 60, of rather delicate constitution, on the morning of 2d January, to relieve her of a "violent vomiting and pain in the bowels," I was led, from the symptoms, to examine the groin, when I found a femoral hernia much of the nature of that just detailed, and endeavored to convince the patient that this was the entire cause of her sickness and pain, but failed. She insisted upon having something to relieve her sickness; and after I had tried the taxis in vain, I ordered a sinapism to the pit of the stomach, administered the muriate of morphia as above, and with equally satisfactory results.

I would not say that one grain is by any means the highest dose that I should venture upon; on the contrary, I think that a quarter to half a grain more might be administered every half hour, until the symptoms were such as to forbid its further use with safety, or till the desired effect was produced. Nevertheless, as already hinted, very great caution is to be observed after one grain has been given—always bearing in mind, that the purity of the medicine and the idiosyncracy of the patient, may most materially affect the result.

As the patients forming the subject of this paper were both of rather delicate habit, I would hint, that in very plethoric or robust individuals, there might be a just prudence exercised in previously abstracting a quantity of blood.—*Lond. and Edin. Monthly Journal of Med. Science.*

Malignant Looking Ulcers of the Face, Reputed Cancerous, Cured by Anti-syphilitic Remedies. By M. Payan.

Three very interesting cases are narrated by M. Payan, surgeon to the Hotel Dieu d'Aix. The first, a woman aged fifty-two, had frequented the hospital two years, for an ulcer, which commenced at the root of the nose, eating away the skin, subcutaneous cellular tissue, and at length producing caries of the nasal bones, and opening a passage into the nasal fossa. She had undergone the usual routine of treatment without any benefit; herself, and surgical attendants deeming the ulcer cancerous. Suspecting from other causes, that she was affected with syphilis, at the time when it commenced, M. Payan prescribed the usual anti-syphilitic regime, which he uses when the system has become profoundly affected, viz: mercury, so as to effect slightly the system, sudorific tisan, and a dry farinaceous diet. This treatment commenced June, 1838; after pursuing it for twenty-eight days, an evident amelioration took place: the mercury was suspended for eighteen days, when it was again given. The ulcer daily improved, the edges cicatrized, and on the 13th September, instead of an ulcerating surface, a small foramen only was visible.

Case II.—March 12th, 1840, a robust looking woodman, presented himself at the hospital with a suspicious looking ulcer on the upper lip, with the desire of having it excised, as his medical attendant had told him that it was cancerous. The surrounding tissues were hard, and had a true scirrhous appearance. On interrogating the patient, he was led to suspect its syphilitic origin, and prescribed mercury and sarsaparilla internally, and mercurial frictions around the ulcer. April 4th, the mercurials were suspended on account of the ptyalism induced: the sarsaparilla was continued till the 26th April, when the ulcer was entirely healed, and the patient discharged cured.

M. Payan mentions another case, in which an ulcer on the side of the forehead, though evidently syphilitic in its origin, presented a somewhat cancerous appearance. General anti-syphilitic remedies had been used without any benefit, mercury internally, sarsaparilla, preparations of gold, &c. The writer prescribed a local application of mercury in the form of a solution of the bichloride in water. On the twenty-sixth day after the application, a regular cicatrix replaced the ulcers, which for several years had appeared intractable.—*Gazette Medicale.*

Iodine in Opacity of the Cornea. By Dr. Lohsse.

The case in which this remedy was successfully employed, was one of opacity of the cornea consequent on syphilitic ophthalmia, and so considerable as almost completely to destroy vision. The iodine was given internally, and from four to six drops of the following collyrium were let fall into each eye three times a day:—

℞ Iodini, gr. j.
Potassii iodidi, gr. ij.
Aq: dest: ʒvj. M.

Afterwards this was exchanged for an ointment consisting of iodine, gr. jss., iodide of potassium, ℈j., and lard, ʒss., of which a small portion was once or twice a day put between the eyelids. The cure was perfected in three months.—*Brit. and For. Medical Review.*

Treatment of Chorea. By Dr. Hennis Green, Lecturer on the Diseases of Children in the Hunterian School of Medicine.

The remedies which I have seen usually employed at the Children's Hospital in the treatment of chorea, are, 1st, sulphureous baths; 2d, cold baths; and 3d, the oxide of zinc. The sulphureous baths are composed by the addition of four ounces of the sulphuret of potass to a common bath; the patient may be kept in the bath from half an hour to an hour and a half, and the bath may be repeated once or twice daily, according to circumstances. The use of fifteen to twenty baths, is in most cases sufficient to remove all symptoms of the disease. This method was introduced into practice several years ago, at the Children's Hospital, Paris, by M. Baudelocque, by whom I have seen it employed with very great success. Thus from the month of September, 1832, to January, 1833, fourteen girls, laboring under chorea, were treated exclusively with the sulphur baths; of these fourteen, thirteen were perfectly cured, and the mean duration of the patients' sojourn in the hospital was only twenty-four days. Some of the cases which I have just related were extremely severe, yet they were cured within twenty-one days; in one case, ninety-five leeches (in three applications) had been placed along the spine without producing any benefit, when the sulphur baths were employed, and effected a cure in fourteen days.

There are few diseases in which so great a variety of remedial means has been tried as in chorea. Dr. Babington, in an interesting paper, contained in the last number (13) of Guy's Hospital Reports, speaks very favorably of the sulphate of zinc The French physicians prefer the oxide. Generally speaking, tonic remedies are those on which most reliance should be placed, but I am inclined to think that electricity and the sulphur baths will be found to be the most powerful means that we possess.—*Provincial Medical and Surgical Journal.*

On Local Baths. By M. Mayor, of Lausanne.

M. Mayor, of Lausanne, has lately presented to the Royal Academy of Sciences in Paris, an apparatus for bathing any limb, or any part of one, separately, and in any possible position. This apparatus consists of a hollow cylinder of copper, the two extremities of which are provided with caoutchouc discs, each of which has at its centre a large opening through which the limb is introduced. Varied according to the parts to which they are to be applied, these apparatus form a kind of sleeves, or gloves, or boots, according as they have to enclose the arm, the hand, or the foot and leg.

This kind of portable bath has, M. Mayor states, numerous advantages. It is cheap. It permits the limbs to be bathed without obliging the patients to keep in an irksome position. When, for instance, the elbow-joint is to be bathed, two pieces corresponding to the arm and the fore-arm may be articulated together, [by caoutchouc tube, we suppose,] so as to be capable of movement on each other, and the patient suspending the apparatus in a sling may walk about, and even make use of the movement of flexion and extension of his arm. Only a small quantity of water is needed, and this advantage, though unimportant in the case of simple baths, is considerable when medicated baths are ordered. The liquid will preserve its temperature a long time, and this, added to the convenience of employing it, will enable the bath to be used longer than is customary. The fluid may be removed or added to by small openings made above and below through the wall of the cylinder. The apparatus may also be used for constant irrigation by making one of these openings communicate with a tube conveying water to the cylinder, and the other one to carry it off.—*Medical Gazette.*

On Croup and its Cure. By Dr. Grahl, of Hamburg.

Dr. Grahl calls attention to the employment of arm-baths in croup, the use of which has already been advocated by Dr. Dorfmuller in the fifty-first volume of Rust's Magazine. They are indicated in the commencement of the stage of exudation, the existence of which is rendered evident by the difficult respiration. He regards the employment of leeches in this stage as of no avail, and the administration of sulphate of copper and emetics as likely to increase the exudation. His recommendation is that the arms of the patient be placed in a vessel sufficiently deep to admit them to a hand's breadth above the elbow-joint, and filled with water as hot as it can be borne. A cloth should now be thrown over the head of the patient, which, falling down around the edges of the bath, retains the vapor, and this the patient should be allowed to respire for a quarter of an hour together, repeating it at short intervals. The first application usually induces some degree of moisture in the Schneiderian membrane, and diminishes the dyspnœa. As it is repeated the cough usually loses its hoarse tone, and the patient expectorates the exuded lymph. In cases where the symptoms are extremely urgent, calomel in large doses should be given and a blister applied to the throat, but in the great majority of cases the employment of the arm-bath is all that is necessary.—*Brit. and Foreign Medical Review.*

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Report of the Trustees of the New York State Lunatic Asylum, with the Documents accompanying the same, pursuant to the Act of the Legislature, passed May 26th, 1841.

Since writing a brief paragraph in another column, in reference to the treatment of the insane, we have received the interesting and important public documents now on our table, and we will without delay proceed to make them the subject of analysis and review.

In the act of our State Legislature to which reference is made, the trustees were required to appoint a committee of their number for the purpose of visiting various lunatic asylums throughout the Union, in order to be enabled, from the observations they made, to submit to the Legislature, a system for the government, discipline, and management of the State Lunatic Asylum. This committee was accordingly appointed, and visited fourteen of the twenty institutions of the kind known to the trustees in the United States; the result of the labors of this committee are presented in a series of most interesting documents, which put us in possession of a vast amount of practical information, given with a minuteness and accuracy of detail that render it of the utmost value.

IN SENATE, JANUARY 12, 1842.

Report.

Previous to the passage of the law under which the Lunatic Asylum at Utica has been erected, public attention had been partially awakened to the sufferings and wants of the insane. With the rapid increase of population in this State, the lunatic class had become so numerous, and their condition so wretched, as no longer to escape notice, or fail to excite the sympathies of a benevolent and Christian community; and had there been no higher motive, the dictates of humanity, or even economy, were sufficient to have prompted a wise and frugal government to provide an institution whose ample accommodations might offer to all the insane of the State, but especially to the insane poor, the most efficacious means of comfort and recovery. The history of such asylums in other States, as imperfectly exhibited in the Appendix to this report, clearly shows that New York has gone neither too far, nor too fast, in this part of her enlightened and energetic career.

Correct views of the causes and nature of insanity, though now generally prevalent, have been very cautiously received. The improvement in its medical treatment has been so slow, and the adoption of proper *moral* treatment so gradual, that even in Great Britain, *a reformed system* was not extensively adopted prior to 1815. Up to that time the pernicious errors and absurdities of the old practice were generally retained in nearly all the lunatic asylums of that island; the atrocities of a 'time-sanctified system of *force*' yet lingered within their walls, while *moral treatment* was untried; all classes of patients were crowded together, without occupations and without comforts; their keepers coarse, uneducated, cruel; and their physicians, too often careless and ignorant.* The parliamentary investigations of 1815 and '16, brought to light so many of the *wrong principles* upon which such institutions had been conducted, and so much of their *practical mismanagement*, that public opinion at once insisted upon thorough, radical reform. Such reform has been effected; and so extensively, that at the present day, the *reformed system*, throughout Europe and the United States, is the only one that finds favor or approval.

The entire disuse of corporeal punishment, and the substitution of the vigilant eye of a well-qualified attendant for confinement and chains, are two delightful characteristics of the new system. The lash is no longer recommended as a medicinal instrument for the insane. Restraint, or bodily coercion, on the new plan is seldom resorted to; sometimes it is indispensable, as a source of protection, generally for a short time only; on other pretexts it is cruel and oppressive. Formerly, asylums were constructed upon the principle that 95 in 100 needed to be confined, while only 5 in 100 could be entrusted with freedom; now, arrangements are made to give freedom to the 95, and provide restraint only for 5; and some of the largest establishments boast of having only one or two irreclaimable patients, and of having discarded strait waistcoats, as well as stripes.* The cruel fallacy, long acted upon, that the insane were insensible to cold, and to other modifications of pain is exploded; and under the new system they are treated with the tenderest care, and ample provision is made for their every physical want. The old system inculcated that insane minds could not be stung by insult or shame, dishonor or injustice; the new teaches that 'harshness and abuse fall with ten-fold force upon minds impaired and enervated by disease; that in most cases of insanity enough of intelligence and feeling are retained to render the patient fully sensible of the import and the cruelty of what is said; and that in many cases the mind, instead of becoming obtuse, or deadened, is endowed with an unusual sensitiveness, with an acuteness of perception, upon which the insults and insinuations of the rude, or the indelicate, or the cruel, must produce the most aggravated pain.' The reformed system allows no cruelty, of any kind, to be inflicted under the ridiculous name of punishment, or the more specious pretext of preserving order; nor does it consider any infliction of physical suffering as effiacious in eradicating or alleviating mental disease. On the old plan, only one attendant was provided for 30 to 60 patients; on the new, one for five to ten. Formerly, the chief aim seemed to be to procure *cheap* attendants; now, to obtain *good* ones. On the new plan, none are employed for this delicate and difficult task, but well educated persons, of moral worth, actuated by a high sense of DUTY, and possessing sound, discriminating judgment, firmness, sweetness of temper, conciliating manners, unwearied patience, and inexhaustible kindness. The medical responsibility, on the old plan, was so distributed, that no one felt it as his own; now, under efficient supervision, it is made to rest so entirely upon *one*, the superintendent or physician *en chef*, that he dare not be unfaithful, for his own reputation is fully indentified with the good character and success of the institution. The new system of *moral treatment* is very effective, and includes classification, employment, and amusements, stated religious services with proper restrictions,—direct appeals to the affections, by means of kindness, discipline, and social intercourse,—indirect appeals to the mind, by means of the site, plan, ornaments and furniture of the edifices of the asylum, and the order, neatness and beauty of the gardens and grounds,—and scrupulous regard to all those little, nameless, every-day details which affect personal comfort. 'This whole scheme of moral treatment,' say the trustees of the hospital at Worcester, Mass., 'is embraced in a single idea, HUMANITY—the LAW OF LOVE—that *sympathy* which appropriates another's consciousness of pain, and makes it a personal relief from suffering whenever another's sufferings are relieved.'

Such are some of the principles and outlines of practice, adopted, at the present day, in the best regulated institutions, especially in the United States, for the reception and *cure* of the insane. This is the *new system;* and its adoption for the State Lunatic Asylum at Utica, is cordially recommended by the trustees.

To carry this system into effect, the trustees propose that the internal government, discipline and management of the asylum be entrusted to four officers, namely, a superintendent, who shall also be principal physician, a steward, an assistant physician, who shall be, *ex officio*, the apothecary, and a matron; all to reside in the asylum, and to be aided by an adequate number of attendants and assistants. Each individual's qualifications for office, or for a place under the officers, should be closely scrutinized, before a choice is made; afterwards, those in every station who, on trial, prove competent and faithful, should be liberally compensated, and permanently retained. For attendants as well as officers, the asylum should be their dwelling house, and their place of business; insanity should be their study, as long as the care of the insane is their employment; the amusements of the patients should be *their* amusements; their greatest pleasure should be found in the thousand nameless offices of kindness, and their highest gratification and reward in witnessing the comfort and convalescence of those under their care.

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* In one large English asylum, the superintendent sometimes absented himself two months; in another, with 500 patients, it was an established rule, that "*all*, without any reservation, *should be bled in June, and take each four emetics per annum!!*"

* Dr. BELL, the accomplished superintendent of the M'Lean Asylum at Charlestown, Mass., in his annual report for 1839, says, "We never have had occasion, since the institution has been under my care, to use strong rooms as places of permanent detention, a few weeks being the extent of time which they ever have been occupied by a single person." Again he says, "Not one per cent of our whole number is, on an average, under any constraint, even that of confining the hands with the mittens."

The trustees have been unable to get at the actual number of the insane in the State. The United States census of 1840 gives New York 2,428,921 population, and 2,340 lunatics and idiots, of whom 739 are at public expense; being one lunatic or idiot to every one thousand and thirty-eight inhabitants. The State census of 1825, compared with that of 1835, presents the following facts:—

	1825.	1835.
Population of New York...........	1,616,458	2 174,517
Idiots...........................	1,421	1,487
Of whom at public charge..........	442	508
At private expense................	979	979
Lunatics..........................	819	1,062
Of whom at public expense..........	184	382
At private expense................	635	680
Lunatics and idiots................	2,240	2,549

Hence it appears there are more idiots than lunatics in the State; lunatics increased 143 in ten years; and the aggregate of lunatics and idiots in 1840, was 100 more than in 1825, but 209 less than in 1835.

The Secretary of State, April 27, 1841, reported to the Legislature 803 lunatics in the State supported at public charge; adding 17 for Washington and Warren, and none being returned from Hamilton, Madison, Queens, Richmond and Ulster.

In the hope of a nearer approximation to the true number of *insane paupers* in the State, the trustees addressed circulars to all the county clerks, but have had the pleasure of receiving answers from only thirty-four. A schedule following this report, exhibits the facts thus collected. It shows, in these thirty-four counties, 263 lunatic paupers, in jails and poor houses; besides 305 of the same class in the New York city Lunatic Hospital on Blackwell's Island. If insane paupers bear the same proportion to the whole population, in the counties not heard from, as in those returned, namely, 1 to 4,368, then the former have 167; making in all, exclusive of Blackwell's Island, 430 *lunatic paupers* in the State, now confined *in jails and poor houses!* Previous to the erection of the State Lunatic Hospital in Massachusetts, 30 of the same class were found in the prisons of that State. A description of their wretched and hopeless condition is given by the commissioners, and it is to be feared that it is applicable, in many particulars, to scores in this State similarly situated.

In regard of admissions, the trustees recommend the following regulations, for the first year, at least, after the opening of the asylum :—

I. All *criminal lunatics* to be admitted, as already specified, to the asylum.

II. Of the class deemed '*dangerous to go at large*,' all now in jails, and all future cases of commitment, should be admitted to the asylum; of those already committed to poor-houses, or confined in other places than jails, all cases of disease not exceeding two years, should be admitted to the asylum, under such restrictions or limitations, if found necessary, as the superintendent shall make, with the approval of the trustees.

III. Of *insane poor*, one '*recent*' case from each county in the State; others, new or old, as many, above one, as each county is entitled to according to the ratio of insane population, as aforesaid.

IV. Of all other classes, such *recent* cases, not exceeding fifty, as may seek admission under peculiarly afflictive circumstances, or which may promise in the opinion of the superintendent, very great chance of recovery; under special agreement with the superintendent, whenever there are vacancies in the asylum.

V. No patient should be admitted for a shorter period than six months, *except* cases received within sixty days after the first decided manifestion of the disease.

VI. Superintendents of poor, or the supervisors of counties which have no superintendents, should be directed to designate the individuals to be sent from their respective counties, pursuant to the above regulations.

VII. Before their admission, all patients, whether paupers or not, especially those from jails or poor-houses, must, at the expense of those sending them, and by legal requirement, be put into a state of perfectly bodily cleanliness, and be provided with at least one suit of good clean woollen clothes, with a change of woollen socks, waistcoats, and drawers, and all other necessary articles of clothing.

VIII. To aid the superintendent in a proper classification of patients, as soon as admitted, each patient should be accompanied with a full and accurate history of his disease, habits, and pursuits, to be furnished by those sending him, from the most authentic sources in their reach, stating his place of birth, and if not a native, when he came to this country.

IX. When the asylum shall be fully organized and furnished, and ready to admit patients, public notice of the fact should be given by the trustees, for at least, two weeks in the State paper, and sent to the clerk of every county for general promulgation. With the notice to county clerks, should be a circular from the superintendent, designating different days for the counties, severally, to send their respective quotas of patients; this would secure order, and prevent a rush from all parts of the State at once.

The discharge of patients is another delicate and difficult subject. At present the trustees will suggest but two or three rules: more can be provided when experience shall have shown what are necessary.

Authority should be given to the trustees, upon the superintendent's certificate of *complete recovery*, to discharge any patient, excepting a criminal lunatic; to send back to their respective homes when the want of room makes it expedient, any of the 'dangerous' class, who shall have been in the asylum one or more years, upon the superintendent's certificate, that such persons are now, and probably will continue *harmless*, and not likely to be benefitted or improved by further treatment in the asylum.

New York State Medical Society.

The State Medical Society held their annual meeting at Albany last week. In the absence of the President, Professor John B. Beck, of this city, the Vice President, Dr. William Taylor, of Onondaga, took the chair. The attendance of delegates was unusually large. On the second day of the session, Dr. Gilman, the delegate from New York city, introduced the subject of a uniform registration of deaths throughout the State. The subject was fully debated; the importance of an efficient and well devised system for the registration of deaths, was universally acknowledged, and finally a series of resolutions passed, expressing the opinion of the society in favor of the scheme, and appointing a committee to bring the matter fully before the Legislature. Doctors Gilman and Beck, of New York, and Dr. S. Ely, member of the Senate from the Fifth District, were appointed on the committee. Several prominent members of both Houses have expressed themselves warmly in favor of this scheme, and it is confidently hoped that a bill securing to this State and to medical science, the inestimable advantages of a uniform registration of deaths, with age, sex and nature of disease, will be passed at the present session of the Legislature.

To Correspondents.

We perfectly agree with 'A.' in thinking that the statement to which he refers is a 'ridiculous assertion.' We can assure him, however, that it is not a 'typographical or stenographical error'—it is a *lapsus linguæ*,—perhaps. A statement of a somewhat similar character furnishes the subject of comment, as 'A.' will perceive, in our present number.

The remarks of our friend who writes on 'Leucorrhœa,' are somewhat trite.

We have not yet examined the article on 'Uterine Auscultation,' by a correspondent in Schenectady. We would have preferred the 'cases.'

'A Psychological and Literary Phenomenon' was received. Would the unknown friend who forwarded it lend us *the documents* for a day or two? We will always endeavor to show that when the whip is deserved, we will not spare it. But we wish to have the part properly denuded, and all perfectly prepared before commencing operations.

TO THE EDITOR OF THE LANCET.

Sir :—

In compliance with the request of your correspondent, I send the enclosed scale of fees. Would it not be acceptable to the profession generally through the medium of your valuable journal? H.

New York, February 21, 1842.

A List of Medical and Surgical Charges,

Adopted by the Associated Physicians and Surgeons of the City of New York, Dec. 1815, *and approved by the New York County Medical Society, Jan.* 2, 1816.

Verbal advice	from 00 to $5 00
Letter of advice	“ 10 “ 15 00
Ordinary visit	“ 0 “ 2 00
Consultation do	5 00
After visits, each	3 00
Night visit	7 00
Visit at a distance, per mile	1 50
Do. to Brooklyn	3 00
Do. to Powles' Hook, summer	5 00
Do. to Staten Island	10 00
Both these last to be doubled to winter or storm.	
First visit in epidemic, or other diseases where personal danger is apprehended	5 00
Each succeeding, under the same circumstances	3 00
Vaccination	5 to 10 00
Each dressing of a wound	1 “ 5 00
Cupping	5 00
Bleeding in arm or foot	2 00
Do. in jugular vein	5 00
Dressing blister	1 00
Scarifying eye	5 00
Puncturing œdematous swellings	2 00
Inserting seton	5 00
Do. issue	2 00
Visits in haste to be charged double.	
Detention, $3 per hour. Do. $25 per day.	
Introducing catheter	5 00
Each succeeding time	2 00
Do. in females	5 00
Extracting calculus from the urethra	20 to 30 00
Reducing simple fracture	10 “ 20 00
Do. compound fracture	30 00
Do. dislocations	5 to 20 00
Of the hip	30 “ 50 00
Reducing prolapsus ani	5 00
Do. hernia	10 to 25 00
Opening abscess	1 “ 5 00
Amputation of the breast	50 00
Do. of leg	50 00
Do. hip or shoulder	150 to 160 00
Do. finger or toe	10 00
Do. penis	20 00
Extirpation of testis	50 00
Do. of eye	100 00
Do. tonsils	25 00
Do. tumor	5 to 50 00
Perforating rectum	25 00
Do. nostrils, external ear, vagina, or urethra	5 to 25 00
Dividing the frenum linguæ or penis	3 “ 5 00
Paracentesis of abdomen	15 “ 25 00
Do. of thorax	50 00
Operation for tic doloureux	25 00
Do. for harelip	25 00
Do. for hernia	125 00
Do. fistula in perineo	50 00
Do. fistula in ano	50 00
Do. for phymosis	10 00
Do. fistula lachrymalis	40 00
Do. paraphymosis	10 00
Do. wry neck	50 00
Do. depressing cataract	125 00
Do. extracting do	150 00
Do. anterior of Saunders	25 00
Do. popliteal aneurism	100 00
Operation for carotid aneurism	200 00
Do. for inguinal or external iliac	200 00
Do. brachial	50 00
Do. radial, tibial, or ulnar	25 00
Lithotomy	150 00
Bronchotomy	25 00
Trepanning	100 00
Circumcision	10 00
Common case of midwifery	25 to 35 00
Tedious or difficult cases	36 “ 60 00
Case of gonorrhœa	15 “ 30 00
Do. syphilis	25 “ 100 00
Preparing and administering enema	2 00
Visit on board a vessel at the wharf	2 50
Do. in the stream	5 00
Do. at Governor's Island	5 00
Do. for opinion involving a question of law, and in which a physician may be subpœned	5 00
Extracting tooth at patient's house	2 00
Do. at surgeon's	1 00

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, from the 12th to the 19th day of February, 1842.

36 Men, 34 Women, 61 Boys, 43 Girls. Total, 174.

DISEASES.

Apoplexy	4	Intemperance	1
Asthma	1	Inflammation	1
Asphyxia	0	Of liver	0
Abscess	0	Of bladder	0
Aneurism	0	Of brain	7
Bleeding	1	Of stomach	0
Bleeding from stomach	2	Of chest	9
Bleeding from lungs	0	Of lungs	13
Burned or scalded	1	Of bowels	10
Casualties	0	Of throat	1
Cholera infantum	0	Of womb	0
Cholera morbus	0	Jaundice	1
Colic	1	Killed or murdered	0
Consumption	24	Locked-jaw	0
Convulsions	11	Lues Venera	0
Croup or hives	4	Mortification	3
Debility	0	Malformation	2
Delirium tremens	1	Marasmus	2
Diabetes	0	Measles	2
Diarrhœa	2	Old age	3
Death from poison	0	Organic disease of heart	2
Dropsy	4	Palsy	2
Dropsy in head	5	Rupture	0
Dropsy in the chest	0	Rheumatism	1
Drowned	1	Spinal disease	0
Dysentery	0	Suicide	1
Erysipelas	8	Sprue	2
Epilepsy	3	Small-pox	5
Fever	3	Scrofula	3
Scarlet	12	Teething	1
Typhoid	6	Tumor	1
Puerperal	3	Unknown	2
Remittent	1	Ulceration of throat	0
Bilious	0	Ulcers	0
Inflammatory	1	Varioloid	0
Intermittent	0	Whooping cough	0
Hip Disease	1	Worms	2

AGES.

Of 1 year and under, 45; between 1 and 2, 18: 2 and 5, 28; 5 and 10, 7; 10 and 20, 6; 20 and 30, 19; 30 and 40, 20; 40 and 50, 12; 50 and 60, 8; 60 and 70, 6; 70 and 80, 2; 80 and 90, 1; 90 and 100, 1; 100 and upwards, 0; unknown, 0.

William A. Walters, City Inspector.

City Inspector's Office, Feb. 19, 1842.

THE NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, MARCH 5, 1842. No. 10.

REVIEW DEPARTMENT.

The Principles and Practice of Obstetric Medicine and Surgery, in reference to the Process of Parturition. Illustrated by One Hundred and Forty-two Figures. By FRANCIS H. RAMSBOTHAM, M. D., Consulting Physician to, and Lecturer on Obstetric and Forensic Medicine at the London Hospital, &c. &c. First American Edition, Revised. 8vo. pp. 458. Philadelphia: Lea & Blanchard. 1842.

[THIRD NOTICE.]

We must now conclude our review of this work, of which our high opinion may be inferred from the length to which we have thought proper to extend our notice.

In speaking of lingering labor from preternatural enlargement of the fœtal head, Dr. R. forcibly and correctly observes:—

> When we have ascertained that nature is unable to overcome the difficulty except at a great expenditure of power, conjoined with imminent risk to the woman's life, we are fully warranted in having recourse to perforation more early than if the child were healthy, that the fluid may be evacuated, and an opportunity afforded to the bones to collapse; the case will then most probably be terminated by the contractions of the uterus alone. p. 201.

Dr. R. then proceeds to the consideration of

INSTRUMENTAL LABOR.

The various obstetrical instruments required in conducting the several varieties of instrumental labor, are described; the mode of using them, and recent improvements in their construction are pointed out. We commend this portion of the work to the most attentive consideration of practitioners.

Dr. R. then goes on to speak of

THE INDUCTION OF PREMATURE LABOR.

In commenting on this part of the work, the *Med. Chir. Review* remarks:—

> The arguments on this subject, pro and con, are well defined. We have tried all the plans laid down by Dr. R. with variable success, but for the last ten years we have for the most part preferred puncturing the membranes high up, and letting off a small quantity of liquor amnii, with an instrument of Dr. Holmes's somewhat modified, consisting of a canula slightly curved at the end, having a wooden handle, the whole about thirteen inches long, and containing a concealed flexible trocar, moved by a spring at the end of the handle. The patient having had her bowels well emptied by a brisk purgative or two,—the os uteri being somewhat dilated by the finger—the instrument, guided by the finger, is carefully introduced as far within the uterus (mostly at the posterior part) as it conveniently can be, between the uterus and membranes; having ascertained that the point of the instrument is opposite to the membranous bag of fluid, the handle is carried in the opposite direction and the spring pressed on, by which the trocar is projected out, and the membranes pierced, a moderate quantity of fluid (liquor amnii) from ℥ss. to ℥j. is allowed gradually to escape by the side of the instrument, which is then withdrawn; the patient is desired to go about as usual, or rather to take a walk, the liquor amnii continues to dribble away, uterine action is at length induced, and the majority of children are born within seventy-two hours from the time of puncturing the membranes. Of the advantages of dilating the os uteri with sponge and lint, we have had no experience. The greater number of women, as Dr. R. observes, are not able to nurse their children, but we have had several patients who have done so very efficiently. We most fully agree with the doctor that this operation should never be performed (unless from very cogent reasons, and confirmed by a consultation) in a first pregnancy.

HÆMORRHAGE DURING LABOR.

Dr. R. considers the various means used for arresting hæmorrhage generally, and then the treatment more particularly applicable to uterine hæmorrhage during labor, which he divides into *unavoidable* and accidental hæmorrhage. In the management of unavoidable or placental presentation, absolute and uninterrupted quietude in the horizontal posture, and on a hard bed, must be forcibly enjoined, and an anti-hæmorrhagic regimen prescribed; she must breathe a cold atmosphere; be but lightly covered; her diet must principally consist of nutritious fluids—cold and acid drinks must be given almost *ad libitum*, and ices may be allowed, unless they produce intestinal pain and shivering; every thing stimulating, both alcoholic or of any other nature, must be strongly forbidden. The mineral acids, under such a case, may be usefully employed; some gentle aperient will be required, and the acidulated infusion of roses, with small doses of sulphate of magnesia, is perhaps the pleasantest, and, at the same time, as efficacious a medicine, as any that can be exhibited. We must avoid a constipated state of bowels; because the straining necessary for the passage of hardened fæces may dislodge the coagula collected over the exposed vessels, and produce a return of the flooding. We must equally, also, avoid violent purging, lest the frequent evacuation of the rectum should occasion a like disaster. A cold enema may be administered daily, which will probably act beneficially in two ways,—both by clearing the rectum, and restraining the hæmorrhagic tendency.

> Partial presentation of the placenta admits, for the most part, of the same mode of treatment as accidental hæmorrhage; nevertheless it must not be supposed that a natural termination, though so highly desirable, will invariably follow the proceeding I have recommended: the after-conduct of the case, then, must depend on the continuance of the hæmorrhage, and the effect produced on the occasion. p. 354.

It is mostly observed in accidental hæmorrhage, that, after the establishment of labor, the discharge is diminished in quantity, or wholly suspended, while the uterus is contracting; and returns more copiously in the intervals of action.

In accordance with this observation, early rupture of the membranes, for reasons fully detailed, is recommended. We do not know any obstetrical practice which is more generally satisfactory in its results, than early rupture of the membranes in labor with accidental hæmorrhage, together with a firm bandage round the abdomen, tightened (but not to girt) as the uterus increases in bulk, and with the occasional aid of the ergot of rye. Dr. R. further says:—

> Should the discharge continue to flow outwardly with profuseness, or should indications of internal bleeding be present—the symptoms, indeed, being those of loss of blood generally, together with a flabby and relaxed state of the uterina parieties—delivery must be had recourse to without delay, as offering the only reasonable chance of safety. p. 359.

Hæmorrhages after delivery, with their treatment, and the operation of transfusion, are well discussed. On the management of the placenta we have full and excellent directions. On the treatment of retained placenta from irregular contraction, we are told—"since, then, there is so much more chance of injuring the uterus, it behooves us to be so much the more cautious in our proceedings. If there be no flooding, we may generally wait an hour from the birth of the child; and in the interval, we may administer small doses of laudanum occasionally."

> Our obvious indication, if we were foiled, would be to place the patient in some degree under the influence of opium, and take advantage of the earliest opportunity of its action to renew our attempts; for the longer we wait, the more difficulty we shall experience from the permanent contraction which will assuredly take place, and which we have no means, as far as I have been able to judge, of removing."

Dr. R. has a number of very valuable remarks on

PUERPERAL CONVULSIONS.

He considers puerperal convulsions to be exactly analogous to infantile convulsions, (where the nervous system bears a very large proportion to the general bulk of the body,)

> And that they are both of them allied to apoplexy; the causes, however, acting upon the system under a highly excitable state. This view of the case, whether correct or not, is practically valuable, and will lead to the most judicious treatment. But the affection, in my opinion, originates frequently in some deranged state of the uterus itself, probably in its nervous system, and consists in some irritation propagated from that organ to the brain.

After active depletory means have been had recourse to, and the convulsions have apparently ceased, we think we have seen the recurrence of the paroxysm arrested by dashing the patient's face with cold water, (by a basin full out of a pail,) at the moment we observed the face portray the approach of convulsion by its becoming distorted. "Few (cases) comparatively, under good care, now terminate unfortunately; and the favorable results are to be attributed to the extent to which bleeding and other evacuant means are carried." The bladder is recommended to be *carefully* attended to, not only during the convulsive paroxysms, but also while a state of perfect consciousness remains.

Rupture of the uterus, and of the bladder—collapse—prolapsed navel-string—descent of the hand with the head—monsters, and plural births, form the subjects of some valuable chapters, but on them we cannot enter. In conclusion, we again recommend this treatise to students and young practitioners, as the most useful work on practical midwifery with which we are acquainted.

Two Lectures on the Laws of Climate and its Influence upon the Animal and Vegetable Kingdoms.

DELIVERED AT THE NEW YORK SOCIETY LIBRARY.

BY SAMUEL FORRY, M. D.,
Author of a Work on the Climate of the United States.

[REPORTED FOR THE LANCET.]

Lecture I.

LADIES AND GENTLEMEN:—

The subject upon which I have the honor, this evening, to address you, is—"THE LAWS OF CLIMATE, AND ITS INFLUENCE UPON THE ANIMAL AND VEGETABLE KINGDOMS"—a subject, which, although of the highest interest to man in every conceivable relation of his earthly existence, yet has been, strange to say, wonderfully neglected so far as regards the climate of our own country. Indeed, so little effort has been made to keep pace with the progress of kindred branches of science, that the work of M. Volney on the climate of the United States, written more than forty years ago, when this French *savant* made a flying visit through our country, is still quoted by every writer on this topic. In regard to the climate of the region that we inhabit, we possess, at this day, no treatise founded on facts; and as nearly all the data collected stand isolated, the object of the lecturer, this evening, will be to determine their relations to one another, to the end of exhibiting a connected view of the leading phenomena of the climate of the United States; and as regards the general laws of climate, he will attempt so to generalize them as to demonstrate their harmony throughout the globe. In that part of the subject having reference to the animal kingdom, he will dwell particularly upon the influence of climate on the human organization, illustrating the advantages to be derived by a northern invalid, in certain forms of disease, from a *winter* residence in more southern latitudes.

In the investigation of the laws of climate, a range of subjects so multifarious as to comprise almost every branch of natural philosophy, is embraced; but its true province is properly restricted to a general view of these subjects, which, if based on legitimate deductions of observed phenomena, should enable us to reduce the infinite variety of appearances presented to us in nature, to a few general principles. It is by means of this generalization that the subject will be elevated to the dignity of a science.

Climate embraces not only the temperature of the atmosphere, but all those modifications of it which produce a sensible effect on the physical and moral state of man, as well as all other organic structures, such as its serenity, humidity, changes of electric tension, variations of barometric pressure, its tranquillity as respects both horizontal and vertical currents, and the admixture of terrestrial emanations dissolved in its moisture. Climate, in a word, constitutes the aggregate of all the external physical circumstances appertaining to each locality in its relation to organic nature.

The prosecution of this subject promises to confer upon mankind benefits of the most interesting and valuable nature. The general law of the decrease of heat for each parallel, from the equator to the pole, subject as it is to modification from local causes, may be ascertained, as well as that for each vertical height in proportion to its elevation above the level of the sea. We may determine the bounds of each species of vegetation, and draw around the globe series of curves, that is, lines of equal annual temperature, *isothermal* lines,—lines of equal summer temperature, *isotheral* curves,—and lines of equal winter temperature, *isocheimal* curves. It is pleasing to contemplate such a division of the earth, each of these belts representing a zone, in which we may trace the causes of the similarity or diversity in animal and vegetable productions. To determine the influence of these zones respectively upon the animal economy in health, and the agency exercised in the causation of disease, have proved investigations still more useful and interesting. As climate not only affects the health, but modifies the whole physical organization of man, and consequently influences the progress of civilization, a comparison of these systems of climate, as distinguished into constant and variable climes, or mild and extreme ones, in connexion with the influence of the noxious exhalations which arise from the earth, will reveal to the medical philosopher much that is now unknown, and to the political economist many of the circumstances that control the destinies of a people. The complete development of the mental, moral, and physical attributes of man, even when nature has bestowed a perfect organization, is made to depend upon the physical agents which influence those functions. For full mental and corporeal development, the due succession of the seasons is requisite. Those countries which have a marked spring, summer, autumn, and winter, are best adapted, by this agreeable and favorable vicissitude, for developing the most active powers of man. It is, according to Malte Brun, between the 40th and 60th degrees of north latitude, that we find the nations most distinguished for knowledge and civilization, and the display of courage by sea and by land. This limitation, however, is inapplicable to the United States, in consequence of a feature in our climate to be described hereafter. With us the 32d and the 46th parallels would form a reasonable boundary. In general, in countries which have no summer, the inhabitants are destitute of taste and genius; whilst in the regions unfavored by winter, true valor, loyalty, and patriotism, are almost unknown. As in the corporeal structure, different effects result from the dry and restless air of the mountain, compared with those evidenced in the moist and sluggish atmosphere of the valley; so, as regards the mental manifestations, the observation of the poet, Gray, is philosophically correct—

> "An iron race the mountain cliffs maintain,
> Foes to the gentler manners of the plain."

In tracing the laws which govern the superficial temperature of the earth, it will be found that there are two classes of causes, viz: those resulting from celestial relation, and those depending on geographical position. The former, celestial causes, which may be called the primary constituents of climate, result from the globular figure of the earth, its diurnal motion upon its axis, and the obliquity of its motion in an elliptical orbit in regard to the plane of the equator. The secondary constituents are, the position of the place on the surface of the earth, as regards elevation above and distance from the sea, and other causes to be presently enumerated. Now, if the phenomena of terrestrial temperature depended solely on the former class of causes, celestial climates might be classified with mathematical precision; but the effects produced by solar heat are so much modified by local causes, that the climatic features of any region can be determined only by observation. It is a general law, for instance, that the mean temperature of the earth's surface gradually increases from the poles to the equator, but this law is greatly modified by the agency of physical geography. Amongst these local causes, the following are regarded as the principal:—1. The action of the sun upon the surface of the earth; 2. The vicinity of great seas and their relative position; 3. The elevation of the place above the level of the sea; 4. The prevalent winds; 5. The form of lands, their mass, their prolongation towards the poles, their temperature and reflection in summer, and the quantity of snow which covers them in winter; 6. The position of mountains relatively to the cardinal points, whether favoring the play of descending currents or affording shelter against particular winds; 7. The color, chemical nature, and radiating power of soil, and the evaporation from its surface; 8. The degree of cultivation and the density of population; 9. Fields of ice, which form, as it were, circumpolar continents or drift into low latitudes.

It is these causes that determine the deviations of the *isothermal*, *isocheimal*, and *isotheral* lines, from the same parallels of latitude. And here I would urge upon my audience the importance of having precise ideas in regard to the meaning of these terms; for, upon their exact comprehension will depend, in a great measure, my ability of communicating instruction. The *isothermal* curves represent lines drawn upon a map through all the places on the globe having the same mean annual temperature; and these lines are by no means, as might be expected, regular. Were two travellers, for example, to set out, the one from London and the other from Paris, visiting all the places having the same mean annual temperatures, it would be found that the lines of their routes would not only deviate from the parallels of latitude, but would not be parallel to each other. Thus the isothermal line or mean annual temperature of Edinburgh, Scotland, strikes the Atlantic coast of North America twelve degrees farther south. Hence the former division of the surface of the earth into five zones, as regards its temperature, has been superseded in scientific inquiries, by a more precise arrangement: as the places having the same mean annual temperature are connected by isothermal lines, the spaces between them are called isothermal zones. Whilst in this arrangement are classed together the mean temperature of the *whole* year, the application of the same principle to any portion of the year, as the mean winter and summer temperatures, is equally obvious. Thus lines drawn through places having the same summer temperatures, are denominated *isotheral*, and those through points having the same winter temperatures, *isocheimal* curves. The importance of this classification, more especially as places having the same mean annual temperature often exhibit great diversities in this respect, will be strikingly apparent when we come to consider the climatic character of a particular country.

These laws, by the way, are strikingly illustrated in the diagram before you. This is a map of the United States, extending from the Atlantic to the Pacific. As the summers are hotter and the winters colder in positions remote from large bodies of water than in the opposite localities, it is evident that in following the same mean summer temperature between the Atlantic and the lakes, you will describe this convex line, which is called the isotheral curve; and, on the other hand, in following the same mean winter temperature, you will describe this concave line, called the isocheimal curve. You see the same law still further illustrated between each lake; and proceeding to the Pacific coast of America, the law is elucidated to its fullest extent: for we find that at Fort Vancouver on the Columbia river, which is in the latitude of Montreal, we have the winter temperature of the southern part of Kentucky. By impressing these facts upon your mind, you will be much aided in following the thread of my discourse.

It is an important general law in reference to both continents that a striking analogy exists, on the one hand, in the climatic features of the western coasts, and on the other hand, in those of the eastern shores. Thus in tracing the same isothermal line around the northern hemisphere beyond the tropic, it presents on the east side of both continents, *concave*, and on the west side, *convex* summits. Following the mean annual temperature of 55° 40 Fahr. around the whole globe, we find it passes on the eastern coast of the Old World near Pekin, and on the eastern coast of the New World at Philadelphia, both places being in the latitude of about 40°; and on the western coasts, the same isothermal line passes in Europe near Bordeaux, and in America at Cape Foulweather, south of the mouth of the Columbia, both points being about six degrees farther south than the corresponding mean annual temperatures on the eastern coasts. On comparing the two systems, the concave and convex summits of the same isothermal line, "we find," says Baron Humboldt, "at New York the summer of Rome and the winter of Copenhagen; and at Quebec, the summer of Paris and the winter of Petersburg. In China, at Pekin, for example, where the mean temperature of the year is that of the coast of Brittany, the scorching heats of summer are greater than at Cairo, and the winters are as rigorous as at Upsal."

Connected with this branch of the subject, there are many interesting relations, the consideration of which is precluded by want of time. Reference may, however, be made to the seasons. It is only within the temperate zone, from about 30° to 60° of north latitude, that the year exhibits the grateful vicissitudes of the four seasons—the varied charms of spring and autumn—the tempered fires of summer—and the healthful rigors of winter. Wisdom desires not that "eternal spring," the want of which poets affect to deplore. At the equator, there is no difference between the mean temperature of summer and winter, but it increases, as a general rule, with the latitude. In the United States, for example, the contrast in the seasons, from Florida to Canada, increases in proportion as the mean annual temperature decreases—a general law, subject to modification on every parallel in accordance with the varieties in physical geography. This fact is strikingly illustrated in tracing the same isothermal line around the globe. Thus in following the mean annual temperature of 51°, we find the mean temperature of winter in the mild climate of England as high as 38°; in Hungary, which is the interior of a continent, it sinks to 32°; in China, in the austere climate of the eastern coast of a continent, it sinks still lower, being 24°; having reached the uniform climate of the western coast of America, it rises suddenly to 41°; and approaching the rigorous climate of our eastern shores, it once more sinks, at Council Bluffs on the Missouri, as low as in China, and reaching our eastern shores at Fort Wolcott, where the temperature is modified by the ocean, the mean winter temperature again rises to 32°. In regard to the mean temperature of summer, the law is reversed, each climate having a summer temperature high in proportion as that of winter is low. In England, the mean temperature of summer is 63°; in Hungary, 70°; in China, 79°; on the western coast of America, 65°; at Council Bluffs, 76°; and at Fort Wolcott, R. I., 69°. Here we find an illustration of the laws demonstrated on a smaller scale on the lakes. Hence it is demonstrated that the climate is most uniform on the western coasts of Europe and America, and least so on the eastern shores of Asia and America; that in Europe it grows more rigorous, in proportion as the eastern part is approached; and that in eastern America, the interior remote from large bodies of water is more austere than the region of the Atlantic. These results find a ready explanation in physical causes. Between our coast and the western coast of Europe, for example, the difference of climate is so marked that Fort Sullivan, on the coast of Maine, notwithstanding it is more than 11° south of Edinburgh, Scotland, exhibits a mean annual temperature of 5½° lower; and Bordeaux, France, which is parallel with Fort Sullivan, has an annual temperature of 15° higher. Consequently we find that Europe is separated from the polar circle by an ocean, whilst eastern America stretches northward at least to the 82° of latitude. The former, intersected by seas which temper the climate, moderating alike the excess of heat and cold, may be considered a mere prolongation of the eastern continent, whilst the northern lands of the latter, elevated from three to five thousand feet, become a great reservoir of ice and snow, which diminish the temperature of adjoining regions. These results gave rise to the opinion that the old continent is warmer than the new, until more recent observations showed that the western coasts of both continents have a higher temperature than the eastern in corresponding latitudes. This arises mainly from the steady prevalence of western winds between the parallels of 30° and 40°; for there is thus swept from the ocean, which never sinks below the freezing point, a humid atmosphere, which, in its passage over the land, has a constant tendency to establish an equilibrium of temperature, and as its vapor is gradually condensed, it also evolves its latent heat. There are, however, many other causes in operation, a few of which will be noticed below. Philadelphia and Pekin, each on the eastern coast of its respective continent, and nearly in latitude 40°, have the same mean annual temperature; whilst on the western coast of the Old and New World, the same annual temperature is found about the 48th parallel. Continuing this comparison, it will be seen that the climate of the New World, viewed in its general features, is, contrary to common opinion, more mild and uniform than that of the Old. As this is proved by thermometrical observations, the fallacy of the opinion which ascribes the mild climate of Europe to the influence of agricultural improvement becomes at once apparent; for the region of Oregon, lying west of the Rocky Mountains, which continues in a state of nature, has a climate less contrasted than that of Europe in similar latitudes; and it is consequently, in a proportionate degree, milder than the climate of our own region, in which the labors of man, in a few ages, have almost wrought miracles, as well as that of the eastern coast of Asia, which has been under cultivation for several thousand years. Another cause of the higher temperature of Europe is, that the surface of the earth, between the 40th parallel and the equator, absorbs a large quantity of caloric, which is diffused by radiation into the atmosphere. Thus Africa, as Malte Brun observes, "like an immense furnace, distributes its heat to Arabia, to Turkey in Asia, and to Europe." On the contrary, the northeastern extremity of Asia which extends between the 60th and 70th parallel, and is bounded on the south by water, experiences extreme cold in corresponding latitudes. Still another cause contributing to the same effect is, the gulf stream, which stretches across the Atlantic between Cape Hatteras and the Azores, forming, nearly in the middle of the northern Atlantic, a lake of warm water, which, according to Rennell, is not inferior to the Mediterranean in extent. Whilst a cold polar stream sweeping immense masses of ice into lower latitudes, is directed upon the coast of North America, the warm air of this ocean-lake is wafted over the whole of the coasts of western Europe, from Cape Finisterre to North Cape. But as the gulf stream approaches much nearer to the coast of North America than that of Europe, and as the temperature of its waters is also highest near the former, it may be objected that the effect here described, applied rather to the New than to the Old World. This ocean-current, however, along the coast of America is of comparatively inconsiderable width, being opposite Charleston only from sixty to sixty-three miles across. At Cape Hatteras it turns to the east, and opposite the great bank of Newfoundland, after a course of thirteen hundred miles, its waters have lost only 5°, the temperature being from 8° to 10° above that of the adjacent seas. It is in these colder regions that the most marked influence of the gulf stream upon temperature is manifested; and when we consider that here westerly winds prevail, it follows that by far the greater portion of the warm air arising from this source, must be wafted to countries lying to the leeward of these winds.

The western coasts of the two northern hemispheres, it appears resemble each other only to a certain point, that of America being like that of Europe, according to Humboldt, as far as 50° or 52° of latitude. In attempting to account for the extraordinary dissimilitude in the climate of our own two coasts, we observe on the eastern side an unascertained prolongation of the continent towards the pole, and an oceanic current sweeping immense masses of ice southwardly; whilst on the western side, the great range of Rocky Mountains shelters Oregon from the polar winds, and the projecting mass of Russian America protects it from the polar ice. Reference has already been made to the westerly winds, which transport the tempered atmosphere of the Pacific over the land; and conversely, the same winds in traversing the continent, bear upon their wings the accumulating cold towards our eastern shores.

Let us now devote a little time to a special examination of the climate of the United States. To facilitate description as well as to express the operation of general laws, it will be convenient to consider the facts presented, under the three divisions of the *Northern*, the *Middle*, and the *Southern*.

1. As the *Northern* Division of the United States, extending as far south as the city of New York, presents the greatest diversity of physical character, so it exhibits the most marked variety of climate on the same parallels of latitude. The most striking characteristic in physical geography is its chain of vast lakes or inland seas, which contain an area of 93,000 square miles, the influence of which upon climate is no more a doubtful question. Those of my hearers to whom these remarks are novel, will no doubt be surprised at my frequent reference to physical geography; but it has been seen that these are the great causes which modify climate on the same parallels of latitude. Hence it was justly remarked by Malte Brun, that "the best observations upon climate often lose half their value from want of an exact description of the surface of the country." On the coast of New England, as already illustrated on the map, the ocean modifies the range of the thermometer and the mean temperature of the seasons. Advancing into the interior, the extreme range of temperature increases, and the seasons are violently contrasted. Having come within the influence of the great lakes, a climate like that of the seaboard is found; and proceeding into the region beyond the modifying agency of these inland seas, an excessive climate is again exhibited. The variations of the lines of equal summer and winter temperatures, thus afford a happy illustration of the equalizing tendency of large bodies of water. Here are then four striking peculiarities of climate on the same parallels, within a comparatively limited space—that of the ocean and the lakes being characterized as *uniform*, and that of the intervening tract and the region beyond the lakes, as *excessive* or vigorous climates. In positions remote from large bodies of water, the winters are colder and the summers hotter than in the opposite localities in the same latitude. Hence it is obvious that a classification of climates having for its basis mere latitudes, is wholly inadmissible; for, although there may be no difference in the mean annual temperature, yet the distribution of heat among the seasons may be extraordinarily unequal. Did not the limits of a lecture preclude their consideration, many other peculiarities in these systems of climate might be profitably introduced. A marked distinguishing feature, for example, between the climates peculiar to these large bodies of water and those in opposite circumstances, is the difference between the mean temperature of winter and spring, which, on the ocean and lakes, is only 17°, whilst in the opposite localities it is as high as 31° on the same parallel of latitude. This peculiarity, in the increase of the temperature of spring, as manifested in the vegetable kingdom, constitutes a feature which strongly characterizes excessive climates; for, as Baron Humboldt remarks, "a summer of uniform heat excites less the force of vegetation, than a great heat preceded by a cold season." Accordingly we find that in these excessive climates, (unlike the uniform ones on the ocean and the lakes, in which the air is moist and the changes of the seasons slow and uncertain,) summer succeeds winter so rapidly that there is scarcely any spring, and vernal vegetation is developed with remarkable suddenness.

2. The *Middle* Division of the United States comes next under consideration. As this division is traversed by the Alleghany range of mountains, running parallel with the Atlantic plain, which, commencing at the mouth of the Hudson, is finally merged into the valley of the Mississippi, abundant opportunities are presented of determining the interesting question of the influence of elevation above the sea upon climate. This has been done not only by means of thermometrical data, but by observing the diversities in vegetable geography on the same parallels. The general laws developed in the Northern Division, it will suffice to say, are here corroborated. The fact that the climate of the region of the lakes on our northern frontier, is not more contrasted in the seasons than that of Philadelphia, will appear strange at first view; but this inference was long since deduced from observing that similar vegetable productions are found in each, whilst the same plants will not flourish in the interior of New York, Vermont, and New Hampshire. The region of Pennsylvania, as though it were the battle-ground on which Boreas and Auster struggle for mastery, experiences, indeed, the extremes of heat and cold. But proceeding south along the Atlantic plain, climate soon undergoes a striking modification, of which the Potomac river forms the line of demarcation. Here the domain of snow terminates. Beyond this point, the sledge is no more seen in the farmer's barn yard. The table lands of Kentucky and Tennessee, on the other hand, carry several degrees farther south, a mild and temperate clime.

3. The *Southern* Division.—On approaching our southern coast, climate experiences a most remarkable modification. The seasons glide imperceptibly into each other, exhibiting no great extremes. This is strikingly illustrated on comparing the difference between the mean temperature of summer and winter at Fort Snelling, Iowa, and at Key West, at the southern point of Florida, the former being 56° 60, and the latter only 11° 34. Compared with the other regions of the United States, the peninsula of Florida has a climate wholly peculiar. The lime, the orange, and the fig, find there a genial temperature; the course of vegetable life is unceasing; culinary vegetables are cultivated, and wild flowers spring up and flourish in the month of January; and so little is the temperature of the lakes and rivers diminished during the winter months, that one may almost at any time bathe in their waters. As regards these facts, I speak from personal observation. In contemplating the scenery of East Florida in the month of January, the northern man is apt to forget that it is a winter landscape. To him, all nature is changed; even the birds of the air—the pelican and flamingo—indicate to him a climate entirely new. The lecturer being attached, in January, 1838, to a boat expedition, the double object of which was to operate against the Seminoles and to explore the sources of the St. John's, found, in the midst of winter, the high cane-grass, which covers its banks, intertwined with a variety of blooming morning-glory (*convolvulus*). The thermometer at mid-day in the shade, stood at 84° Fahr., and in the sun rose to 100°; and at night we pitched no tents, but lay beneath the canopy of heaven, with a screen, perhaps, over the face, as a protection against the heavy dews. Notwithstanding the day attains such a high temperature, the mercury just before daylight often sinks to 45°, causing a very uncomfortable sensation of cold. Along the southeastern coast, at Key Biscayno, for example, frost is never known, nor is it ever so cold as to require the use of fire. In this system of climate, the rigors of winter are unknown, and smiling verdure never ceases to reign.

The climate of Pensacola and of New Orleans, in consequence of the agency of the Gulf of Mexico, and in regard to the latter the additional influence of large lakes, is nearly as much modified as similar parallels in East Florida. In the peninsula of East Florida, however, the climate is so exceedingly mild and uniform, that, besides the vegetable productions of the southern States generally, many of a tropical character are produced. The palmetto or cabbage-palm, the live-oak, the deciduous cypress, and some varieties of the pine, are common farther north; but the lignumvitæ, mahogany, logwood, mangrove, cocoa-nut, &c., are found only in the southern portion. In summer, the mercury rises higher in most parts of the United States and even in Canada, than it does along the coast of Florida. In six years' observations at Key West, it was never known to rise above 90°. There is little difference between the thermometrical phenomena presented at Key West and the Havana. In the

West India islands, the mean annual temperature near the sea is only about 80°. At Barbadoes, the mean temperature of the seasons is as follows:—Winter 76°, spring 79°, summer 81°, and autumn 80°. The temperature is remarkably uniform; for the mean annual range of the thermometer, even in the most excessive islands, is, according to the British army statistics, only 13°, and in some it is not more than 4°. Contrast this with Hancock Barracks, Maine, which gives an annual average range of 118°; Fort Snelling, Iowa, 119°; and Fort Howard, Wisconsin, 123°!

The peculiar character of the climate of East Florida, as distinguished from that of our more northern latitudes, consists less in the mean annual temperature, than in the manner of its distribution among the seasons. Thus, though the winter at Fort Snelling, Iowa, is 54° 10 colder than at Key West, yet the mean temperature of summer at the latter is only 8° 64 higher. We thus perceive the truth of the remark made by Humboldt, that the climate of the tropics is characterized much more by the duration of heat than its intensity. A comparison of the climate of East Florida with the most favored situations on the continent of Europe, and the islands held in highest estimation for mildness and equability of temperature, in regard to the mean temperature of winter and summer, that of the warmest and coldest months, and that of successive months and seasons, results generally in favor of the former. Thus it is demonstrated that invalids requiring a mild winter residence,—a subject that will be adverted to in the sequel,—have gone to foreign lands in search of what might have been found at home, viz: *an evergreen land, in which wild flowers never cease to unfold their petals.*

Professor Mott's Lectures on Surgery.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

SESSION 1841-2.

Lecture XXII.

The Professor commenced this lecture by a repetition of some remarks with which he concluded the immediately preceding discourse. As these observations, however, were not very remarkable for originality or importance, we omit them. Reiteration of the cautions before addressed to the students respecting the necessity of properly preparing the subjects of the operation for hare-lip, and narration of some of John Hunter's anecdotes about union by the first intention, made up the remainder of the lecture.

Lecture XXIII.

The Professor dwelt at some length on the importance of passing the needles to the bottom of the lip, in introducing the ligatures, after the edges of the fissure in hare-lip had been properly pared. If this part of the operation be not carefully performed, the hæmorrhage will continue and perhaps the most fatal results be the consequence. The lower ligature, it was remarked, should not be cut off close to the knot, but an inch or two of the ends should be left, so that it could be tightened if necessary, and piece of adhesive plaster, cut narrow in the middle with broad ends was then to be applied—the object being to support the cheeks, which was effected by the broad ends, the narrow intermediate portion being in contact with the lip. The importance of having good adhesive plaster was properly adverted to; and it was also mentioned that the slips of plaster should be cut in the direction of the cloth, not across, as in the latter case they would be likely to give way. With regard to the after treatment it was stated, that if the child was restless and fretted, an anodyne should be given. As a general rule the sutures were to be removed seven or eight days after the operation. Generally speaking it was most prudent to remove the upper stitch first. The plasters were to be removed with great caution, and after the removal of the ligatures, similar slips of plaster were to be applied, and allowed to remain for ten days or so.

COMPOUND HARE-LIP

was next described. The Professor advised the operation for the removal of this species of the deformity, to be completed at once—it was not to be done first on one side, and then after it healed, on the other, as some surgeons had directed. The operation should be deferred until the child was five or six months old, as the lips will have then gained some solidity, and there would be also less danger from the constitutional irritation. The child was to be prepared for the operation in the same manner as in the case of simple hare-lip. The portion of the lip between the two fissures was to be made 'exactly like a dove-tail;' the edges of the fissures being then pared as formerly described, the edges of the wounds were to be brought together and united by sutures precisely as in the other case.

The Professor then proceeded to speak of

COMPLICATED HARE-LIP,

which implied that there was a deficiency in the bony structures. It was only of late years that such cases had been subjected to surgical treatment. The operation should be performed within a month or so after the birth of the child. Why? Because if done at that early period the fissure in the bone will be filled up when the child reaches the age of a year or eighteen months. The Professor had operated in more than twenty cases of this description, and from the experience thus acquired he was enabled to be very emphatic in advising the early performance of the operation. When the bone projects, it must be removed by a strong pair of scissors. Louis, it was remarked, in one of his memoirs, states that this deformity can be cured with adhesive plaster, and deprecates the use of stitches; that was extraordinary coming from such a man, and its absurdity was too evident to require formal exposure. The

COMPOUND COMPLICATED HARE-LIP

was next described. The deformity in this case was frightful, the fissure extending through the roof of the mouth. The Professor had met with one case, and had succeeded in effecting a cure. He did not know of another successful instance, but he might be mistaken, and if so, would be very happy to be set right.

The Professor next spoke of what he would term, a deficiency posteriorly, when no external deformity existed—in which the fissure is through both palates—through the ossa palati. Mr. Crookshank, an English surgeon, was the first who performed an operation for the removal of this most serious deformity. Roux, of Paris, says he is the inventor of the operation in our day; but some are disposed to give this merit to a Polish surgeon. Graaf has performed the operation, but I believe Roux preceded him. Dr. Warren, of Boston, has done it, and with partial success. Dr. Stevens also partially succeeded in one case. Dr. Mütter, of Philadelphia, has succeeded in one or two instances more or less. I saw Dr. Richard S. Kissam, of this city, perform this operation not long since. He done it beautifully. I said as I saw him do it—'that is your father's hand'—and the Doctor's father was the first surgeon of his day in New York. But unfortunately Dr. Kissam did not succeed in effecting a cure. The plan I have adopted has been this:—I seat the patient before me, and by means of a long sort of tenaculum forceps, made for the purpose, I pass a needle behind the palate and seize the lower extremity of the uvula, and directly as it passes through, with another pair of forceps take hold of the needle and draw it through, and in that way I secure a ligature on that side. Another ligature is fastened in the other side in the same situation and in the same manner. The ends of the ligatures are long and hang out of the mouth, and by them I am enabled to make the sides of the fissure tense. Then with a long delicate and very sharp knife, I pare off the edges—the incisions going a little within the ligatures, so that when they are completed, all is free again. Now we are ready to put in the stitches, and the same mode of introducing them is followed. Choosing the moment when the patient is quiet, you pass the needle, as it were, behind the curtain of the palate, and hook it up as I show you. [The learned Professor went through the various manipulations.] Generally three stitches are required. A very common opinion prevails that, for some time after an operation of this sort, the patient should not be permitted to swallow. This is a mistaken idea. In the act of deglutition, as I think I have found out, the pillars of the fauces instead of being separated are approximated. I saw this in a patient of mine who had a monstrous big mouth. (A laugh.) But however properly this operation may be performed, it will often fail. The actual cautery has been recommended and employed, and in some cases of destruction of the parts here from syphilis, has succeeded in some degree. Plates of metal and pieces of cork have also been introduced and worn.

[The learned Professor had exhibited to the class, a few days before, a young man who had been the subject of this terrible deformity, and in whose case Dr. MOTT had effected a very remarkable cure.]

Guy's Hospital Reports.

Dr. Bird on Electricity as a Remedial Agent in the Treatment of Diseases.

This is one of the many remedies which has suffered from injudicious advocacy; for whilst some have attributed to it extraordinary and mysterious powers, others, failing to discover these, have decried it as unworthy of the slightest confidence; and with the majority of practitioners it has either fallen into entire disuse, or is employed only in some few cases when every thing else has failed. In consequence of this the management of this remedy has been left in the hands of unprofessional persons, who, anxious to extol their specific, and incapable of distinguishing between cases likely to be benefitted by it and those in which it can do no good, electrify all who come, puff the cures, and are discreetly silent about all failures. Now as we are satisfied that electricity does sometimes prove eminently serviceable, we welcome any judicious attempt to place it on its proper footing as a remedial agent. This we consider Dr. Bird's to be, who has pointed out those diseases in which it has been found most serviceable, and has related a number of cases of each treated in the hospital, sufficient, we think, to prevent the suspicion that the physician has deceived himself in estimating the effects of this remedy.

Electricity is employed at Guy's Hospital, either in the form of sparks drawn from the patient in shocks from the Leyden jar, or in galvanic shocks administered by means of an electro-magnetic apparatus.

The diseases in which it has proved most serviceable in the hands of Dr. Bird, who superintends its use in all cases treated at the hospital, are chorea, paralysis from functional disorders of the nervous system, and amenorrhœa. "A considerable number of cases of chorea," observes Dr. Bird, "have been submitted to electrical treatment since the publication of Dr. Addison's paper on the use of electricity in certain spasmodic affections, in a former number of these Reports. Of these cases notes of thirty-six have been preserved in the report-book, the histories of the others not being complete from the irregular attendance of the patients."

Of the above thirty-six cases, twenty-nine are reported to have been cured, and five relieved; one experienced no relief, and one left under alarm at the remedy. In the majority of these cases the only medicines contemporaneously administered were occasionally mild purgatives, and these as well as other medicines had often been employed before without avail. The form of electricity employed was that of sparks taken in the course of the spinal column every alternate day, for about five minutes each time, or until the appearance of a papular eruption, often excited by the remedy in this form. Several cases are detailed at length, but for these we must refer our readers to the work; the sixth affords a remarkable instance of spasmodic action of the muscles of the neck, causing involuntary movement of the head towards one side or the other,, with such force as to threaten strangulation, and occurring so frequently as to oblige the patient to keep his head steady whilst walking by holding his nose; in this instance electricity was of decided service.

CHOREA.

Dr. Bird "has never seen any good effect to result in cases of chorea from the transmission of electric shocks along the affected limbs: on the contrary, in every instance the involuntary movements have been increased, often to an alarming extent; and if employed while the patient was convalescent, it has invariably aggravated every symptom, and often rendered the patient as bad as when first admitted under treatment.

PARALYSIS.

"Paralytic affections constitute a prominent feature in the cases which have been referred to the electrical room of the hospital; of these, forty-four cases have been fully reported by the clinical clerks, and may be found on record in the hospital books. Of these cases it may be generally remarked, that those in which the paralysis, whether of sensation or of motion, or both, depended upon exposure to cold or rheumatism, upon some functional affection often of a local character, or on the impression produced by effusion in some part of the cerebro-spinal centre which had become absorbed under the influence of previous treatment, the result of the application of electricity was most successful, whilst in those cases in which the paralysis depended upon some persistent structural lesion, whether produced by accident or otherwise, I never saw the slightest benefit result."

In dropped hand from the effects of lead, electricity was employed in the form of sparks drawn from the upper part of the spine. In the majority of cases medicines were also administered, as the general health is usually deranged in this affection. Eleven cases are reported, of which five were cured, and four relieved under the use of electricity; in two cases no relief ensued.

Of rheumatic paralysis arising from exposure to damp, a current of cold air, &c., ten cases are reported, of which five were cured, three relieved, and two derived no benefit from electricity.

Of thirteen cases of paralysis from affection of the nervous centres, but where no proof existed of the presence of organic lesion, six were cured, and two were relieved under the use of electricity, four received no benefit.

A Dictionary of Arts, Manufactures, and Mines. Illustrated with 1241 Engravings. By ANDREW URE, M. D., F. R. S., &c. &c. La Roy Sunderland, 126 Fulton street, New York. Nos. 1 and 2. Acetic Acid—Bitumen.

We have great pleasure in introducing to the favorable notice of our readers, this edition of one of the most valuable works which has recently been issued from the British press. The talents and scientific attainments of Dr. URE are universally known, and the success with which this elaborate work has met in Great Britain, evinces the high estimation in which it is held. The present edition will be issued in twenty-one semi-monthly numbers, and is offered at about the one half of the cost of the London edition from which it is printed. From the vast range of interesting practical subjects embraced in the work, it must prove acceptable to all classes of the community, who are disposed to avail themselves of the benefits which science is calculated to afford them in the prosecution of their business, or the promotion of their comfort and preservation of their health.

As a specimen of the work we extract the following, from which our readers may infer that the work will not be without interest and value to them:—

ADIPOCIRE. Fr. (*Fettwachs*, Germ.) The fatty matter generated in dead bodies buried under peculiar circumstances. In 1786 and 1787, when the churchyard of the *Innocents*, at Paris, was cleaned out, and the bones transported to the catacombs, it was discovered that not a few of the *cadavres* were converted into a soponaceous white substance, more especially many of those which had been interred for fifteen years in one pit, to the amount of 1500, in coffins closely packed together. These bodies were flattened, in consequence of their mutual pressure; and, though they generally retained their shape, there was deposited round the bones of several a grayish white, somewhat soft, flexible substance. Fourcroy presented to the Academy of Sciences, in 1789, a comprehensive memoir upon this phenomenon, which appeared to prove that the fatty body was an ammoniacal soap, containing phosphate of lime; that the fat was similar to spermaceti, as it assumed on slow cooling a foliated crystaline structure; as also to wax, as, when rapidly cooled, it became granular; hence he called it *Adipocire.* Its melting point was 52·05 C. (126·5° Fahr.) He likewise compared this soap to the fat of gall-stones, and supposed it to be a natural product of the slow decomposition of all animal matter, except bones, nails, and hair.

This substance was again examined by Chevreul in 1812, and was found by him to contain margaric acid, oleic acid, combined with a yellow coloring, odorous matter, besides ammonia, a little lime, potash, oxyde of iron, salts of lactic acid, an azotized substance; and was therefore considered as a combination of margaric and oleic acids, in variable proportions, (whence arose its variable fusibility,) but that it was not analogous with either spermaceti or cholesterine, (gallstones.) These fat acids are obviously generated by the reaction of the ammonia upon the margaric and oleine, though they eventually lose the greater part of that volatile alkali.

According to the views of both Gay Lussac and Chevreul, this *adipocire* proceeds solely from the pre-existing fat of the dead body, and not from the flesh, tendons, or cartilages, as had been previously imagined; which had led to some expensive and abortive attempts, upon the great scale of manufacture, to convert the dead bodies of cattle into adipocire, for the purposes of the candle-maker and soap-boiler, by exposing them for some time to the action of moisture.

Von Hartkol made experiments during 25 years upon this subject, from which he inferred, that there is no formation of adipocire in bodies buried in dry ground; that in moist earth the fat of the dead body does not increase, but changes into a fetid soponaceous substance, incapable of being worked into either soap or candles; that the dead bodies of *mammalia* immersed in running water, leave behind after three years a pure fat, which is more abundant from young than from old animals; that the intestines afford more fat than the muscles; that from this fat, without any purification, candles can be made, as void of smell, as hard, and as white, as from bleached wax; that from cadavers immersed for three years in stagnant water, more fat is procured than from those in running water, but that it needs to be purified before it can be made into soap or candles.

The cause of the difference between Hartkol's and Chevreul's results cannot be assigned, as the latter has not published his promised remarks upon the subject. At any rate, dead animal matter can be worked up more profitably than in making artificial *adipocire.*

The Retrospect of Medicine and Surgery. Edited by G. W. BRAITHWAITE, Surgeon to the Leeds General Eye and Ear Infirmary, &c. &c. London: Simpkin, Marshall & Co. No. IV. July—December, 1841. 12mo. pp. 266.

This is a very excellent compend of interesting papers selected from the British and Continental medical journals, and presents, in a convenient form, a periodical record of the progress, in the Old World, of the several branches of the healing art. As specimens of the varied and practical nature of the contents of the 'Retrospect,' we extract the following, with which, probably, many of our readers have not had an opportunity of meeting:—

On Asphyxia, and on the Resuscitation of Still-Born Children. By John F. Snow, Esq., M. R. C. S.

[In this paper of Mr. Snow, read before the Westminster Medical Society, the opinions of the celebrated Dr. Edwards are brought forward respecting the relative importance of applying warmth or cold to the surface of bodies in a state of asphyxia, and especially in cases of still-born children. It may startle the generality of practitioners to be informed that the hot-bath so commonly used in these cases seems to be prejudicial. It may indeed keep the surface in a certain degree of heat, but according to Dr. Edwards, this heat of the body only the more incapacitates the system to bear up against a continued state of asphyxia. Mr. Snow says:]

A consideration of great practical importance in the study of asphyxia is the influence of the temperature of the medium in which it takes place. Dr. Edwards, of Paris, by a most extensive and beautiful set of experiments, has proved that throughout the animal kingdom asphyxia is much more sudden at a high than at a low or moderate temperature; and that even cold-blooded animals, which will linger for hours deprived of oxygen at a low temperature, will die as quickly as mammalia or birds in water at blood heat: even fishes will die in a few seconds, or at most two minutes, in water at 100° Fahrenheit, that has been deprived of its air by boiling, although this temperature would not injure them with sufficient air. He found that new-born mammiferous animals die most slowly in water at about 60 degrees, which is ordinary cold water, and that they die much more quickly as the water approaches blood heat. Dr. Edwards advises that persons in the state of suspended animation should, amongst other measures, be exposed to the cool air; and that the application of heat should be avoided, unless indeed just a momentary application, to endeavor to arouse sensibility. The Royal Humane Society, however, directs the application of warmth in all practical ways, not only as an auxiliary to artificial respiration, but even to commence with, if the means for the latter are not in readiness; and most authors, I believe, coincide with the views of the Humane Society. Dr. Edwards considers it is by its effects on the nervous system, and through that on the heart, that a high temperature produces its effects. I think that, although the nervous system may be affected, and is probably the channel of its impression, yet that the deleterious effects of an elevated temperature, when respiration is stopped, depend on its stimulating the capillary circulation of the system, and thus promoting the deoxygenation of the blood, that change which is antagonistic of respiration, which rules its extent under all circumstances, and which, in fact, constitutes the necessity for having a respiration. But, whatever view we take of this point, the fact of the influence of temperature on asphyxia proves that the application of heat ought to be avoided until respiration is thoroughly established, when it will, no doubt, be a useful auxiliary to restore sensibility and renovate the patient.

The number of children that die of asphyxia at the time of birth is very considerable. Writers on midwifery have stated that one-twentieth of the children brought forth are still-born, and of these a large proportion are asphyxiated, from various causes, often at the very moment of birth. The first measures that are generally and very properly adopted, when a child is born in a state of suspended animation, are to admit the cool air to its skin, to dash a few drops of cold water on it, and use similar means to arouse sensibility, more especially that of the nerves of respiration. From the great vascularity of sensibility of the skin, and the thinness of the cuticle of new-born children, great benefit may be expected from the access of air to the surface of the body. Immersion in warm water is sometimes had recourse to, and I have seen it completely successful in two or three instances, after the means just enumerated had failed; but this is a dangerous measure, one which, if it do not succeed, will quickly extinguish any possibility of recovery which may exist, as we have already seen.

The great object in this, as in every case of asphyxia, is to establish respiration; and if the patient cannot be roused to perform natural breathing, artificial respiration must be had recourse to as quickly as possible.

Outline of a Philosophical History of the Reproductive Function. By W. B. Carpenter, M. D., Bristol.

1. In the Red Snow, and other simple cellular plants, (among which we may reckon the *Torula Cerevisii*, or yeast-fungus,) *each cell* reproduces the species by bursting, so as to liberate the reproductive granules which it contains. These granules I regard as equivalent to those which compose the *nucleus* or *cytoblast* of other cells; and this, so far from fulfilling its functions in the production of the original cell, (as Schleiden supposes,) I believe, with Dr. Barry, to resolve itself into the germs of new cells subsequently formed within it. The only difference then, between a *reproductive* cell and the *ordinary* cells, where these are distinct (as in all but the lowest Cryptogamia) is, that in the former, the granular germs are diffused through the whole cavity, and are developed, when liberated from it by the rupture of the vesicle: whilst, in the latter, they are generally (by no means universally) concentrated in one spot, forming the nucleus or cytoblast.

2. When any of the germs of the higher Algæ, the Lichens, or the Hepaticæ develope themselves, the process simply consists in the formation of a primary cell, from which others are subsequently evolved; at first *linearly*, as in the Confervæ, afterwards in the form of a flat membranous expansion, which, in terrestrial plants, absorbs from the earth by its lower surface, and respires, exhales, &c., by the upper; and this first-formed frondose expansion remains as the permanent form of the plant.

3. The germs of the Ferns, equally unassisted in their early development, also evolve themselves into a linear, and afterwards into a membranous expansion of cells; but all the *peripheral* portion of this is temporary, serving as a cotyledon; it is from the *central* portion, that the permanent structure is evolved; and the primary frond, having fulfilled its temporary office of absorption, respiration, &c., decays away like a cotyledon.

4. In the Flowering plant, the cell germs produced in the pollen-grain are received into an ovule, and furnished with nutriment already prepared; but the nisus of development remains the same; the first tendency is, here also, to the formation of a membranous expansion,—the cotyledon, which absorbs, more or less completely, the albumen of the seed; it is from the centre of this that the permanent structures take their origin; and having performed its temporary function of absorbing and assimilating nutriment for the embryo, it decays away.

5. In the Animal kingdom, there is now good reason to believe, that whenever separate germs are formed, they are received into ova, as in phanerogamic plants; spermatozoa and ova having been traced as low as the polypes. But the comparison between the modes of development holds good to a remarkable extent. From Dr. Barry's observations I think it may be inferred that, in all instances, the ovum receives its real germ from the spermatozoon, just as the ovule from the pollen-grain in plants. The spermatozoon I consider as nothing more than a long cell, endowed with the same kind of power of movement which cilia, oscillatoria, &c. possess, and this for the purpose of finding its way into the ovum; a process analogous to the insinuation of the pollen-tube in plants. Each spermatozoon I should regard as analogous to the *whole* pollen-grain of plants, being ejected from the male organs upon the female; and the only difference consists in the mode in which its contained germs get access to the ovule.

6. The first process of development is the formation of a mass of cells, which soon spread out into a membranous expansion,—the *germinal membrane*. This is not flat, however, but spherical, so as to enclose the albumen. The common opinion is, that the layers extend from the cicatricula over the whole yolk, and at last meet so as to envelope it. From Dr. Barry's observations, however, it appears that the germinal mass sends forth a hollow process, which gradually absorbs the albumen into its cavity, and so gains the opposite surface of the yolk-bag.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, March 5, 1842.

Spring Course of Lectures.

We observe with great pleasure, that the Faculty of the College of Physicians and Surgeons, have made arrangements for the delivery of a course of lectures during the spring. Almost all of the gentlemen whose names are announced as the lecturers, are known to us by reputation, and from that knowledge we are led to anticipate the very satisfactory discharge of their duties. Short series of lectures, by men who have devoted themselves to the diligent study of particular departments of medical or surgical science, are eminently useful. In the present case, the character alike of the lecturers and the subjects respectively allotted to them, will doubtless attract a crowded attendance of students and junior practitioners. We intend to render the labors of these gentlemen as extensively useful as possible, and will report as many of their discourses in the *Lancet*, as will be consistent with our other arrangements.

We cheerfully bear witness to the harmony, energy, liberality and zeal with which the Faculty of this College, seem disposed to advance the great cause of medical science, and the interests of their students. Let them now set a noble example to kindred institutions throughout the country, by extending the period of the college curriculum, and earn the enduring renown of taking the first step in the reform of our present defective systems of medical education.

Albany Medical College.

The 'Catalogue and Circular' of this respectable institution, for the present year, has just reached us, and we are much gratified by the evidences of prosperity and usefulness which it presents. Upwards of one hundred students have attended the classes during the past session, and twenty-seven gentlemen have graduated, after having very satisfactorily passed a searching examination.

During the greater part of the term, we observe that a surgical *Clinique* was open to the students, and a great number of most interesting operations were performed in their presence. Considerable and important additions have been made to the valuable museum connected with the College, to which we have adverted in a former number of our Journal. The Legislature have appropriated the liberal sum of fifteen thousand dollars for the improvement of the museum, and to aid in the formation of the library which has been recently commenced, and is already very valuable. Within the last few months great improvements have been made in rendering the class rooms more commodious, and in extending the means of illustrating the several courses of lectures.

The time of beginning the session has been altered from the first Tuesday of November to the first Tuesday of October, in accordance with a very general wish, expressed by students and others, that such a change should be made. By making this change, students will travel from home at a pleasant season of the year, be enabled to take their wonted exercise in the open air, after their arrival in the city, and become accustomed to the confinement incident to attending lectures, before the inclement weather of winter sets in.

Mistake Corrected.---Dr. I. I. Greenwood.

In our fourth number we extracted an interesting paper, from that excellent periodical, the 'American Journal of Dental Science,' which had been contributed by Dr. Isaac I. Greenwood, of this city. By some most unaccountable mistake, either on our part or that of a compositor, the Doctor's name was changed into 'Dr. Isaac I. Sherwood.' In this locality the mistake was doubtless at once seen and rectified by those to whose hands the article came; but as readers at a distance may not so easily discover the *identity* of Drs. Sherwood and Greenwood, we embrace the earliest opportunity after our discovery of the error, to rectify it, and so do justice to a worthy man, and very distinguished member of his profession.

Testimonial to Dr. Quackenboss of the College of Physicians and Surgeons.

On Monday last the students attending the classes at the Medical College in this city, met for the purpose of expressing their grateful approbation of the manner in which Dr. Quackenboss, the able Demonstrator of Anatomy, had labored for their benefit. An address, which was very well written, was read; it expressed the warm esteem which the students universally entertain for Dr. Quackenboss, and alluded in terms of high approbation to the able and efficient manner in which he had occupied the place of Dr. Watts, the learned Professor of Anatomy, during his lamented illness.

The chairman of the meeting, after reading the address, presented to Dr. Quackenboss, a case containing a very superb set of surgical instruments, with an appropriate inscription.

Dr. Quackenboss briefly and eloquently replied, and expressed the deep sense of gratitude with which he received these flattering evidences of the regard and esteem of his pupils, to whose attention and indulgence much of that success which they had been pleased to ascribe to his labors, had undoubtedly been owing.

Woman Physiologically Considered. By Alexander Walker. With an Appendix. Edited by an American Physician. Second Edition. New York: J. & H. G. Langley. 12mo. pp. 432.

Beauty; Illustrated chiefly by an Analysis and Classification of Beauty in Woman. By Alexander Walker. Edited by an American Physician. New York: J. & H. G. Langley. 12mo. pp. 390.

These are interesting works on subjects of universal interest—yet they're not exactly books to our taste. Mr. Walker has collected from a great variety of sources, a considerable amount of valuable and interesting information; but we don't know that he has himself told us a very great deal that was not tolerably well known before he opened his mouth, and we are pretty sure that he has fallen into not a few errors and formed several false conclusions, a number of which have been pointed out and exposed by our brother, the Editor,—for the disposal of the rest, this is not exactly the proper place. The Editor in his notes and additions has quoted many pleasant passages from various authors of admitted respectability, and we are tempted to regret that he did not altogether confine himself to this labor of compilation, when in his original matter, we find such puerilities as these—'the wild bard (Shakspeare) was no freshman in his knowledge of humanity'—'a system so sadly prone to evil and villainous principles'—'lofty, long, and desperate satire'—'the picture or chiselling of a beautiful woman will command the tribute of delight—the acknowledgement—and loud one too—of a whole and hearty worship from the tar as well as the amateur.'

But these books deserve to be extensively read, albeit, there's not much use in our now so giving our humble opinion, seeing they have already successfully gone through several editions. Still our voice may be heard in some quarters which even the searching diligence of the enterprising publishers may have hitherto failed to penetrate, and therefore we commend the volumes as meet companions to beguile a weary hour, that is, supposing any of our readers are so fortunate as ever to have that respite from their medico-chirurgical labors.

First Principles of Medicine. By Archibald Billing, M. D., A. M., Member of the Senate of the University of London, &c. &c. First American from the Fourth London Edition. Revised and Improved. Philadelphia: Lea & Blanchard. 1842. 8vo. pp. 304.

This work is eminently *multum in parvo*. In speaking of it, Professor Stromeyer, of Hanover, truly says—'books like this are very rare; almost every writer strives, whatever few ideas he has, to bury them in a mountain of generally known matter; whilst Dr. Billing gives us a very intellectual (*geistréich*) view of his peculiarities.' In 1822 Dr. B. was elected Physician of the London Hospital, and he was the first gentleman who delivered clinical lectures in the British metropolis, attending to the discharge of the arduous duties which he imposed upon himself, with a degree of zeal and ability rarely witnessed.

Dr. Billing possesses a singularly vigorous mind; he does not contentedly follow in the beaten track without carefully examining the safety and propriety of every step of his progress, and in several and not trivial instances he has struck out a new and better path for himself and those who choose to follow. The views of the author on the pathology of the nervous system—the phenomena of the heart's action—the proximate cause of inflammation—morbid sensibility—the division and classification of remedies, and other no less interesting topics, commend themselves to the attentive consideration of the profession.

The original intention of the author was to benefit particularly the student and junior practitioner, but the work has proved acceptable in the highest degree to men of enlarged experience, and has passed with remarkable success through three large editions. The respectable publishers of the beautiful edition now on our table, in issuing it, have added another to the many favors they have conferred on the profession in this country, in placing within their reach the most valuable productions of our European brethren.

Cordially wishing Dr. Billing's book the extensive circulation which it merits, we must close our present hasty notice of it, but will take an early opportunity of more particularly directing the attention of our readers to some portions of its contents.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, February 28.

The cases introduced last Monday were numerous, and elicited much excellent practical remark from Professor Parker, although there was nothing so remarkable or novel as to call for extended notice in this place. It was announced that the *Clinique* would continue open during the spring and summer.

TO THE EDITOR OF THE LANCET.

Dear Sir :—

In the Lancet of 26th inst. I noticed the following remarks by Dr. Mott, in his lecture on the removal of the Parotid Gland :—

> "This gentleman (Dr. Bushe) asserted, after some years practice, that he had twice performed this operation With both cases I am familiar, and in neither was the gland extirpated."

I herewith send you the January (1832) number of the Medico-Chirurgical Bulletin, in which will be found reported three cases of the successful removal of the parotid gland by Dr. Bushe. At one of those (the case of Mrs. B.) I was present, and assisted in the operation. I am certain that the parotid gland was extirpated in that case. I am equally certain that Dr. Mott was not present. The operation was successful; I visited the patient frequently after it.

Very respectfully, yours,
J. B. Craft, M. D.

New York, February 28, 1842.

Cases in which the Parotid Gland was successfully Removed.

BY GEORGE BUSHE, M. D.

An undue respect for authority has created, in our profession, more evils than the effrontery of empirics. Every person should feel disposed to venerate talent; but none ought to receive maxims, even from the wisest, without the strictest scrutiny; for it is an undeniable assertion that a man of moderate parts and acquirements, may, in a great many instances, not only detect errors in the productions of his superiors, but even be capable of correcting them. If all modern surgeons had prudently reasoned after this fashion, we would not have heard so much about the difficulties, nay, impossibilities of removing the parotid gland. To be sure, Allan Burns, Colles, and Harrison, have argued about the dangers and fatal consequences inevitably connected with such an operation; but Beclard, by the safe removal of this gland, proved their assertions to be futile.

It has fallen to my lot to have successfully performed this operation three times, and as every case tending to confirm the propriety of a procedure in practice, denied by some, doubted by others, and only admitted by a few, becomes important to the community, I shall briefly sketch those to which I allude.

Dec. 10th, 1827. Henry Hessender, æt. 24, robust and in good health, has a tumor of the left parotid gland, as large as the fist, hard, irregular on the surface, nearly immoveable, and attended with lancinating pains. He cannot open his mouth for more than three-quarters of an inch, nor masticate with any degree of facility or comfort. The tumor has forced the ride of pharynx before it, and projects considerably into the fauces. The disease succeeded to a severe cold, and commenced about two years since.

14th. At his and his friends desire, I operated this day as follows :—1st. I made a crucial incision over the tumor, and carried the perpendicular section for an inch and three quarters below the gland, and in a line corresponding to the anterior edge of the sterno-mastoid muscle. 2d. I reflected the flaps. 3d. I had the lower angle of the wound divaricated by narrow curved retractors, and the tumor carried upwards and outwards by a double hook, while I dissected inwards, dividing in succession the nervus ascendens colli, parotidean vein, and stylo-maxillary ligament. 4th. Being now better able to retract the sterno-mastoid muscle, I soon brought into view the posterior belly of the digastric, along which I cautiously dissected till I exposed its tendon and the inferior part of the stylo-hyoideus. 5th. I had the posterior belly of the digastric carried downwards and outwards by a blunt hook, while I dissected on, secured with two ligatures, and divided between them the external carotid artery. 6th. I detached the tumor from the sterno-mastoid muscle, mastoid process, and concha of the ear, (in which dissection the arteria posterior auris was divided and immediately secured.) 7th. I tied with two ligatures and divided between them, the trunk of the temporal artery, and carried the dissection along the anterior edge of the gland, dividing the branches of the external respiratory nerve* and the Stenonian duct, until I had elevated it from the anterior surface of the masseter muscle, and posterior edge of the ramus of the inferior maxillary bone. 8th. I fixed two double hooks, one on the anterior, and the other on the inferior part of the gland, then, with his head inclined to the affected side, I had the diseased mass carried upwards and backwards, while I lacerated its cellular connections with the handle of the knife until I exposed the internal maxillary artery, which I soon tied and divided. 9th. The gland was separated from its bed by the use of a silver-bladed knife.

The angles of the wound were united by adhesive plaster, and the central part dressed from the bottom.

The operation lasted one hour and three quarters, and the patient, though much exhausted, did not lose more than six ounces of blood.

℞ Tincturæ Opii, ʒj.
Aquæ Menthæ Pip. ʒj.
Fiat haustus statim sumendus.

8 o'clock, P. M. Has slept three hours—does not suffer pain—is inclined to slumber.

℞ Tincturæ Opii, gtts. xxv.
Aquæ Menthæ Pip. ʒj.
Fiat haustus statim sumendus.
Lemonade.

15th. Slept five hours—some fever—pain of head and stiffness of the neck.

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* Paralysis immediately succeeded the division of these branches.

V. S. ad ℥xx.
Inj'r Enema Com.
App'r Lot. Spirit. Camph. p. d.
Rep'r Haustus Anodynus ut antea.
Lemonade.

16th. Passed a good night—headache has subsided—less fever, pain, and stiffness of the neck.

Cont'r Lot. Spir. ut antea.
Gruel.

17th. Complains only of pain in the neck and difficult deglutition.

Pergat.

18th. Do.

19th. Wound dressed—angles united—superficial dossils only removed.

20th. All the dressings removed—healthy suppuration established.

Rice and milk.

The reports subsequently made on this case are devoid of interest, save, that on the tenth day he left his bed; on the eighteenth he went out, and on the thirty-second the wound was healed.

The disease has not since returned; but the paralysis of his face continues.

On examining the tumor, the external carotid, internal maxillary, and temporal arteries, were found imbedded in it, as also the plexus of the portia dura. The nervus ascendens colli and parotid vein entered its lower part, while the Stenonian duct and socia parotidis were attached to its anterior part. It was of a whitish yellow color, as hard as cartilage, and contained four cells, varying from the size of a pea to that of a filbert, and filled with a thick pulpy substance. Finally, it was surrounded by a dense fibrous capsule.

The next case was that of Mrs. B., a delicate woman, æt. 26, in whom the right parotid gland was as large as an orange, hard, irregular on the surface, nearly immoveable, attended with dull pain, and liable to inflammatory attacks, projected into the fauces, and rendered mastication and deglutition difficult. The disease was of three years standing, and commenced without any known cause.

I successfully removed the gland in one hour and sixteen minutes, and without more than the loss of four ounces of blood. The method pursued in this operation was exactly similar to that adopted in the case just described, with this exception, that before the diseased mass could be sufficiently retracted to enable me to expose the internal maxillary artery, I had to cut away its posterior part.

The wound healed kindly, the disease has not returned, and she enjoys good health. The paralysis of the right side of her face continues.

The gland was of cartilaginous density and yellow color.

The last case was that of Mr. M., between 22 and 23 years old, small stature, but good constitution, who labored under enlargement of the left parotid gland for nine years. The tumor was about the size of the fist, hard, immoveable, with a cicatrix on the surface, caused by escharotics applied a few months previously by a noted empiric, from which time it grew rapidly, and was attended with severe lancinating pains. He could not open his mouth for more than half an inch, his mastication and deglutition were much impaired, and the tumor extended half way across the fauces. He could assign no cause for the disease. All the usual remedies had been employed without any benefit.

On the 16th of September, 1830, I removed the diseased gland. I pursued the course detailed above, but the operation was more difficult, in consequence of the strong adhesion of the gland to the mastoid process of the temporal bone, which was in a state of caries. In consequence of the adhesion just mentioned, I had to use, particularly towards the close of the operation, considerable force to dislocate the diseased mass.

The operation lasted for one hour and thirty-six minutes, and my patient was much exhausted, though he did not lose more than three or four ounces of blood.

The wound granulated from the bottom, and healed, save a fistulous opening communicating with the carious bone, in four weeks. The fistulous opening disappeared in two months. He is now in perfect health; but before I close I must mention that in April last he called on me, in consequence of a tubercle lodged in the substance of the cheek, at the anterior edge of the masseter muscle, corresponding to the anterior extremity of the incision. This little mass has remained stationary ever since. It may have been developed in the extremity of the duct, however, as it neither incommodes him, nor grows, I have not thought proper to remove it, an expedient which can be easily accomplished if necessary. The left side of his face continues paralysed.

Case of Enlarged Thymus Gland. By Dr. Mantell, L. L. D., F. R. S.

A woman, 27 years of age, of short stature and spare habit, consulted me, in consequence of an occasional and slight difficulty of breathing having by degrees become frequent and distressing. The dyspnœa was at this time very urgent, and she was unable to lie down, being compelled to maintain an upright position of the trunk both night and day. Her countenance expressed great distress, and the face was suffused and of a leaden-blue color, and, together with the neck, much swollen, particularly on the right side. The veins of the face and neck were greatly distended, and the upper and left side of the thorax was enlarged and tender to the touch, and the appearance of the patient was that of a person undergoing strangulation. With difficulty she stated that from childhood she had been subject to hurried respiration upon even moderate exertion, and that of late years the dyspnœa had become more distressing, and she had been seized with paroxysms that threatened suffocation. She had always felt tenderest across the upper part of the chest, and never could bear the pressure of stays or any tight article of dress. She had been married seven years, had never been pregnant, and her constitution was regular. The abstraction of a few ounces of blood by venesection, at intervals of ten or twelve days, an abstemious diet, and perfect rest, afforded considerable relief for a brief period; but occasionally severe attacks of difficulty of breathing came on, and after being under my care about three months, she suddenly expired in a paroxysm of this kind.

Post-mortem Examination.—On attempting to examine the thorax, it was found impossible to reflect the sternum after dividing the ribs, in consequence of the firm adhesion of a substance which was attached to the inner surface of the bones of the chest. Upon dividing, with a scalpel, the cause of the obstruction, and elevating the sternum, the thymus gland was found altered in its structure, and so much enlarged as to fill up the whole of the anterior mediastinum; it extended down to the diaphragm, and upwards as far as the sterno-clavicular articulation. The greater part of the gland was of a whitish color, and resembled in texture and appearance the udder of a cow; but some portions were of a fibro-cartilaginous structure. This morbid growth, which weighed nearly a pound, had extended around the large vessels on the right side of the heart, and in some places was firmly adherent to the trunk of the vena cava. The obstruction to the circulation and to respiration, by the pressure of this enormous mass on the large vessels and on the trachea, must, of course, have been very great; and thus the symptoms, which were pre sent during life, admitted of an easy explanation. The return of blood from the head had long been seriously impeded, as was evinced by the blue or leaden hue of the countenance, and the turgid state of the veins; and the fatal termination of the case was a necessary consequence of the progressive enlargement of the gland. The heart and lungs, with the exception of being much engorged with blood, exhibited no appearance of disease. The morbid parts were removed, and submitted to the examination of Sir A. Cooper and Dr. Armstrong, and were left in the possession of the latter. Both these eminent men concurred with me in the opinion, that the case was one of diseased and enlarged thymus gland.—*London Lancet.*

FROM THE AMER. JOURN. OF DENTAL SCIENCE.

Dr. Isaac I. Greenwood, of New York, on the Cure of Toothache.

When a patient applies to me for the cure of toothache, I examine the tooth and clean out the cavity, endeavoring to make bare the nerve, if practicable, with a small instrument. If the nerve bleeds, so much the better. I then wipe out the cavity with raw cotton, steeped in essence of peppermint, laudanum, or alcohol. After which, I take raw cotton of sufficient size to stop up three-fourths of the cavity of the tooth. I dip the point in laudanum, so as to saturate the cotton with it, that the mixture I shall mention below may adhere to it. I then take up upon the point of it, by touching the mixture, about the size of a large pin's head, and in no instance do I ever use more, however large the cavity in the tooth; but sometimes a smaller quantity. This I place in the cavity of the tooth, immediately in contact, if I can, with the nerve, and stop up the cavity with mastic, composed of Venice turpentine, heated, and mixed with calcined plaster of Paris and chalk. Feuchtwanger's Prussian cement for the teeth will answer, placed upon the raw cotton in the tooth, and sometimes mixed up with it so as to fill up the cavity, charging the patient to take it out in three days exactly, and in no wise to masticate on that side during the time. If a patient will come to me, which they generally will do, I take it out for them, which I prefer to do, and wash out the cavity with alcohol. The tooth is by this time cured; but for fear there may remain an ichorous fluid oozing still from the dental canal, I leave it for three days longer, when the organ is fully prepared and ready for stopping, either with gold or otherwise. The symptoms of the efficacy of the cure are these, viz: the pain, after commencing, will endure for three or four hours, sometimes more, according to the irritability of the patient. After the acute pains have passed away, a soreness will continue for some time, accompanied with a looseness of the organ, occasioned by the inflamed state of the periosteum. This gradually dies away, and by the second or third day, in almost every case, disappears. If, when the raw cotton and the mastic are removed on the third day, the patient takes cold water in the mouth, and no pain arises from it, the cause is removed. This is the proof of all cases. I have been thus prolix, in order that you may be supported by one who has tested its efficacy for years, with success, and, indeed, I make use of no other remedy.

Mixture.—To be placed in an ounce glass vial, with glass stopper.

℞ Three parts arsenic,
One part acetate morphine.
Mix.

Improved Pessaries.

[FROM BRAITHWAITE'S RETROSPECT.]

One of the most useful contrivances which has lately been recommended to us, is the improvement of the common pessary, or rather a substitution for that disagreeable and painful instrument. Mr. Clay, of Manchester, has invented a support for the womb, which we think will be likely in time to supersede the old round or oval pessary. The use of the common wooden or indian rubber pessary, and indeed of all such large bodies must necessarily keep the vagina constantly in a state of distention; and consequently there will be but little likelihood for the vagina, at least, to assist in permanently supporting the womb when the pessary is withdrawn. And moreover the common pessary is an exceedingly inconvenient instrument, and one which delicate females are very reluctant to make use of, independent of their inability to manage it. Mr. Clay's instrument consists of a coil of steel wire shaped something like a corkscrew, or like the circular springs which are used in spring cushions. On the end which is introduced up the vagina to support the womb, is fixed a caoutchouc ring a little larger in diameter than the corkscrew spring, and sufficiently large to form a good support for the parts: on the other end, which is outside the body, there is a small shield of wood or ivory, which by means of bandages attached to a belt round the body, can be securely fixed to the vaginal entrance. By means of this ingenious contrivance, we think the womb will be likely to be more comfortably supported than by any kind of instrument yet invented. The vagina will not be kept in a state of distention, and even this may assist in some measure to support the parts. The caoutchouc ring which is next the womb will admit the passage of the different discharges from the womb; and the elasticity of the middle portion will be well adapted to the varied degrees of pressure to which it will be subjected. There have been other instruments invented for supporting the womb in these cases, but which we have not seen noticed in any of the journals. One of these is made by the Messrs. Eagland, of London and Leeds. It consists of a circular strap or spring which encircles the body like a truss, from this another strap is brought from behind, over the perineum, where there is a spring and pad so as to press regularly on the perineum, and is fixed by two straps in front. This instrument is made in a different way by Mr. Elam, of Huddersfield: the pad which presses on the perineum is connected to the posterior and anterior pelvic circular strap by straps containing springs, by means of which the perineal pad is kept in its situation. By this means of making continued pressure on the perineum, the external aperture is considerably diminished: in this way the womb is prevented from prolapsing: but it is evident that this is only adapted to cases where the neck of the womb completely protrudes, whereas Mr. Clay's instrument may be useful in almost every stage of the descent.

Case of Paralysis in Connexion with Hepatic Derangement.

A widow lady, æt. 74, and very feeble, was suddenly seized, October 5th, 1841, with difficult articulation and vomiting, followed by complete paralysis of the lower extremities. On removal to bed, to the above symptoms were added loss of sensation and motion in the arms, together with deprivation of speech and consciousness, unless when loudly questioned, when an occasional abrupt and unconnected answer was elicited. She has previously been the subject of two somewhat similar attacks. Pupils natural; tongue coated posteriorly, apex and edges clean and pale. No uneasiness evinced on firm pressure on the abdomen and hypochondria; bowels naturally very sluggish; respiration unaffected; pulse 85, small; hands and feet cold. Ordered,

℞ Ol. Terebinth. ℥j.;
Ol. Oliv. ℥ij.;
Decoct. Aven. ℥x.
M. st. injiciend.

℞ Pil. Hydrarg. gr. v., c. Haust. Sennæ et Magn. Sulph. st. sum. et secund. hor. rep. donec alvus bene responderet.

Hot water bottle to feet.

10 P. M.—Enema returned immediately, without fæces.

Medicines have operated freely; evacuations dark, very fœtid, and passed unconsciously; patient answers questions more readily; has drank a cup of tea. Ordered,

℞ Hydrarg. Chlor. gr. j. h. s. s. Haust. Aper. p. m. s.

Oct. 6th.—Has passed a good night; bowels have acted freely and voluntarily; motions still blackish green, and very offensive. Has taken tea and toast for breakfast; answers questions readily; pulse 75. Has regained the use and sensibility of arms, but not of legs; skin warm.

℞ Decoct. Aloes Co. ʒiss.;
Mist. Camph. ʒiiiss.;
Tinct. Cardam. Co., Syr. Zingib. āā ʒss.;
Ammon. Sesquicarb. ʒss.
M. coch. duo mag. quart. hor. sum.

℞ Hyd. Chlor. gr. j. h. s. s.

7th.—Has slept well; can use limbs as freely as she did before the attack; tongue cleaner; bowels have acted twice; motions continue dark and fœtid; slight dysuria; pulse 68; skin comfortably warm. Complains much of the medicine griping.

℞ Ammon. Sesquicarb. gr. iij.;
Inf. Calumb. ʒij.;
Mist. Camph. ʒv.;
Sp. Æther. Nit. gtt.xx.;
Syr. Zingib. ʒj.
M. ft. haust. quartis hor. sum. Rep. Calomel. h. s.

℞ Mag. Calc. gr. xv.;
P. Rhei, gr. x.;
Aq. Menth. P. ʒvij.;
Tinct. Card. Co. ʒss. M. p. m. s.
To have weak mutton broth.

8th.—Much better in every respect; and from this period the improvement was progressive, and recovery complete; the evacuations gradually resuming a normal appearance.

Obs.—Cases similar to the above are of exceedingly frequent occurrence; and as the attack in general is sudden, and the appearance of the patient alarming, the medical attendant is called upon not only to exercise the utmost promptitude and judgment in the selection of his remedies, but to summon, at the same time, his greatest firmness and decision, in order to combat successfully the prejudices and mistaken views of the surrounding friends in favor of blood-letting.

Indiscriminate bleeding is now much less extensively employed than formerly, when the doctrine of compression of the brain or spinal marrow was considered as the almost sole cause of apoplectic and paralytic seizures. Nevertheless, I am inclined to think that bleeding in affections of the brain, in aged persons, is still in many instances too hastily adopted, and often tends not only to render recovery extremely protracted, but in some cases has appeared to hasten the fatal event, or at least given permanency to the paralysis.

It must be conceded, however, that depletion, even in patients beyond the age of 65 or 70, is sometimes undoubtedly called for; and in these instances small bleedings, repeated at regular intervals, are safer than a single large bleeding at the commencement of the attack.

The practice of depleting by leeches from the hæmorrhoidal vessels, in this and other diseases, is becoming much more general than formerly; a practice totally free from the objection occasionally urged against it, viz: that from the nature of the parts, and the unpleasantness of the application, neither patient nor friends would submit to its employment.

In referring to Dr. Holland's excellent paper on "Bleeding in Affections of the Brain," I find the following:—"Bleeding by leeches from the hæmorrhoidal vessels might be much more frequently employed than it is in affections of the brain, as well as in those of the spinal cord. I know no mode in which a given quantity of blood can be removed with equal effect in the cases where this is required." (Medical Notes and Reflections, p. 49.) No other method certainly appears to me to act so speedily and permanently as this, in restoring the balance in the circulation. This practice especially obtains in those cases of apoplexy with or without paralysis, arising either from suppressed hæmorrhage, disorders of the pelvic viscera, or derangements of the hepatic or gastro-enteritic apparatus.

Although foreign to the present subject, I may add, that in hypochondriasis of recent origin, having for its cause affections of the chylopoietic organs, the symptoms frequently yield immediately to local depletion from the hæmorrhoidal vessels.

The preceding remarks apply solely to bleeding in the apoplectic seizures of *aged* persons. In the treatment of apoplexy generally, precisely similar measures will probably not obtain in two successive cases; judgment must alone decide; for in the words of Dr. Copland, "the skilful practitioner is guided in the treatment he adopts by considerations, circumstances, and appearances, which scarcely admit of description."

Emetics have been recommended by some authors in the treatment of apoplectic affections; but in the cases occurring in patients of an advanced age (concerning which alone these remarks are intended), except the attack occur immediately after, or can be distinctly referred to, a full meal, the propriety of administering emetics, as far as my limited experience of their utility in these affections extends, is very questionable. Far less doubt exists in the employment of purgatives; but in this also a judicious restraint is often needed, especially in reference to the systematic purging, formerly so prevalent, in all cases of apoplectic and paralytic seizures, without reference to age, sex, or other existing circumstances.

In all cases the unloading the rectum, by means of a large enema containing turpentine, is an important measure; and at the same time, or as soon as the power of deglutition is recovered, insuring a complete evacuation of the contents of the alimentary canal by medicines administered by the mouth. Should the ordinary aperient mixture, with calomel, fail, the draught recommended by Dr. Copland, viz: equal parts of the ol. terebinth. and ol. ricini, on the surface of mint water, may be advantageously prescribed. This, in the opinion of the talented author of the Medical Dictionary, "will promote a more complete revulsion from the head than any other means that can be employed," especially if assisted by aperients previously given, and enemata. The external and internal exhibition of croton oil is a valuable resource when the faculty of deglutition remains long suspended.

Blisters appear to act beneficially in exciting the depressed energies of the sensorium in old persons. In sthenic apoplexy, however, their application requires caution.

Stimulants are frequently required, and are perhaps of the greatest service when administered in combination with purgatives; their use requires great judgment, and the circumstances of the case must alone guide their employment. It will not unfrequently be found necessary to support the vital energies by stimulants at the same time we are depleting the vascular system, in order to support the already diminished nervous energy, and maintain a just equilibrium in the circulation: the system at this advanced period of life being peculiarly unable to repair any undue exhaustion of nervous power.

A point of great importance in the treatment of apoplectic affections, is the maintenance of due warmth in the extremities. This is best effected by hot-water bottles to the feet, hot flannels to the hands and arms, with the occasional use of sinapisms and frictions, with stimulating liniments.

On the peculiar feature of the case in question a few words will suffice. It is a good example of paralysis occurring in connection with hepatic disorder, depending not on diseases of the liver itself—an association, however, of extreme frequency—but, as was already demonstrated by the evacuations, on an accumulation of vitiated bile in the gall-bladder and biliary ducts.

In the present instance bleeding was not indicated; still, had the symptoms continued unabated, I should have ordered local depletion from the hæmorrhoidal vessels by leeches. A daily course of warm aperients, with diffusible stimuli, followed by tonic remedies, completed the cure.

Apoplectic affections, associated with hepatic derangement, constitute an exceedingly frequent complication, and one requiring the especial vigilance of the practitioner, since the abdominal affection being so frequently masked by the more prominent apoplectic symptoms, may if overlooked, cause considerable, and occasionally irreparable, errors in the treatment.—*Dr. Durrant in Lond. Med-Gazette.*

Treatment of Sore Throat, or Angina, by Alum. By M. Velpeau, Paris.

[It was the celebrated and practical Bretonneau, while in the hospital of Tours, who first instructed his illustrious pupil, Velpeau, in many really practical views, and among the rest in the use of alum, &c. in inflammatory sore throat. M. Bretonneau first tried his remedies successfully in croup. Velpeau tried the nitrate of silver in 1819—in 1828 and 1829 he tried alum with success, and published a paper on the subject in the Gazette Médicale of 1830. In that paper he hints that the use of alum may be much extended, and cites the experience of M. de Laennec, of Nantes, who assures us that by blowing powdered alum on the inflamed amygdalæ, we not only cure the disease, but prevent a relapse. Cases of angina are frequently so little influenced by antiphlogistic remedies, that we are warranted in seeking success from other measures. Moreover, many would be at a loss when to apply Bretonneau's treatment to croup or to angina with effusion of false membrane, and this because it is often difficult to distinguish the one from the other. This difficulty is removed when we can show that the same treatment is applicable to the one as well as to the other.]

Although, perhaps, it may be true that the experiments which I have recently made are not sufficiently numerous to put the question completely at rest, yet they seem to me so encouraging, that medical men should at least repeat them. The result of the treatment which I have employed was always the same. In all the cases, the inflammation had appeared suddenly, and was attended by fever; most of the patients commenced with the alum on the second day; the throat was then very red and painful, the tongue foul, &c.; some had arrived at the fifth, sixth, or eighth day, with high fever, redness and swelling of the face, considerable tumefaction of the amygdalæ, great difficulty of swallowing and breathing, thirst, &c.; in two cases suppuration appeared to be imminent. The treatment, as I have said, was the same in all cases, and consisted in the use of alum, either as a gargle or in powder. The tip of the finger, moistened, is to be covered with powdered alum, and then rubbed all over the inflamed parts, whilst the tongue is depressed with the handle of a spoon. The powder may be applied with a small brush, or a bit of sponge, &c. on the end of a little stick, or it may be blown into the throat with a tube; but the use of the finger is preferable, for with it the surgeon can readily reach every point of the inflamed surface, behind the velum pendulum, and even as far back as the entrance to the larynx; besides, an intelligent patient can apply the powder with his own finger, as I have often witnessed.

When a certain quantity of alum has been applied with the finger, the latter may be withdrawn, and a fresh application made, until the whole of the inflamed surface be covered with it, and, as a preliminary measure, the patient should frequently gargle his throat, to remove any mucus, &c. The use of the powder may be repeated twice or thrice a day, at equal intervals, and in the mean time the patient should frequently gargle his throat with a solution of one to four drachms of alum in four ounces of barley water.

In employing the alum after the manner which I have just described, we generally produce some nausea, cough, &c.; but these soon disappear, and the acrid taste of the medicine is also soon lost. The pain and febrile symptoms almost always diminish in an evident manner, after the first or second application, and the patient improves so rapidly, that on the third or fourth day, (and in some cases on the following day,) he feels himself perfectly well. The most remarkable effect produced by this remedy is the rapid disappearance of the febrile symptoms, and the change in the tone of the voice; one would think that some deleterious principle had been suddenly neutralized, and the disorder reduced to a simple mechanical obstacle, from the increased volume of the affected parts.

In cases where the inflammation is mild, and the throat merely red without being swollen, the alum gargle will be sufficient; even in more severe cases the gargle will often succeed, but it is then more prudent to have recourse to the powder at once. Among the advantages of this mode of treatment, gentlemen, one of the greatest perhaps is, that it seems to remove the well known tendency of angina to recur; besides, the patient is not forced to lie in bed, and you may allow him some food without any inconvenience, as soon as he is able to swallow.

[Several very excellent cases are given to exemplify the preceding practice.]—*Prov. Med. and Surg. Jour.*

Colica Pictonum Treated with Warm Water. By John Wilson, M. D., Physician to the Middlesex Hospital.

[We all know the difficulty which frequently arises in this complaint in procuring a free evacuation from the bowels. The following case related by Dr. Wilson, was relieved in a very simple and efficacious way, and will no doubt be more generally adopted. The patient, Matthew Proctor, aged 45, was a plumber and painter; his bowels were most obstinately costive for several days:]

On admission he was put into a warm bath, and when he had been in it for some time, an elastic injecting tube was given him, with directions to employ it in trying to inject the water of the bath gradually up the intestines, and to persevere, should he feel no pain nor unpleasant sensation, till he felt a sensation of fullness of the abdomen. In this he succeeded while he continued immersed in the bath; shortly after, and before he quitted the bath, he had an evacuation of lumpy fæces. After leaving it he was purged four or five times, and relieved from the pain. The next day he had an ounce of castor oil, with gtt. xx. Tinct. Opii. and a sinapism to the abdomen. The third day the bath and enema while in the bath were repeated; after which, while he remained in the hospital, his bowels never required more than the mistura alba (sulph. mag. ʒss., carb. mag. gr. v., in mint water), two or three times a day.

21st.—Free from pain; bowels regular; no complaint.—*Medico Chirurgical Transactions.*

Belladonna in Cases of Ileus. By M. Becker.

M. Becker has employed an injection of belladonna with the best effects in a case of ileus. A woman, forty-eight years of age, was seized, without any apparent cause, with constipation and vomiting; the ejected matter became gradually more foul, and at length fæcal matter was thrown up; this state had continued for five days, when M. Becker ordered a lavement, containing four scruples of the belladonna root. The pain of the abdomen, vomiting, &c. soon ceased, and in half an hour the woman passed a stool, with a good deal of blood in it. No narcotic effects were produced by the remedy.—*Gaz. Med*

MISCELLANEOUS ITEMS AND INTELLIGENCE.

New York Eye Infirmary,

No. 47 Howard street,

UNDER THE MANAGEMENT OF DRS. DELAFIELD, J. K. ROGERS, WILKES, AND J. E. CORNELL.

The trustees of this charity have issued their twenty-first Annual Report, for the year 1841. On the 1st of January, 1841, there were 75 patients under treatment, from the preceding year, and 1,077 were admitted during 1841, so that the whole number was 1,152. Of these, 920 were cured; 60 relieved; 13 declined treatment; 6 were incurable; of 66 cases the results were not ascertained, and 87 remained under treatment on the 1st of January, 1842. The whole number of patients admitted since the foundation of the infirmary, was 21,642, or an annual average of of 1,030. The expenditures for the year amounted to $1,089 10. Of the new cases admitted, 37 were diseases of the ear; these formerly constituted a distinct department under the charge of another surgeon; and the charity was then known as the Eye and Ear Infimary, but these cases being few in number, they were merged in the eye department. Among the diseases of the eye, were 444 cases of the several forms of conjunctival inflammation; 279 cases of diseases of the cornea; 25 of diseases of the lachrymal apparatus; 49 of wounds and injuries; 40 of iritis; 15 of cataract; 2 of nyctalopia; 1 of hæmeralopia; 6 of staphyloma; 1 of fungus hæmatodes, &c. &c.

Graduates at Albany.

The following gentlemen have graduated this season at the Albany Medical college:—Welcome A. Babcock, Petersburgh, N. Y.; Charles H. Baker, Schaghticoke, N. Y.; Myron Blair, Albany, N. Y.; Levi Bronson, Jr., Danbury, Conn.; Caspar V. W. Burton, Troy, N. Y.; John S. Cameron, Albany, N. Y.; Edward Duffy, do.; John W. Corson, Toronto, Upper Canada; Stephen G. De La Mater, Duanesburgh, N. Y.; Louis Charrette, Bolton, N. Y.; Ira B. Geer, West Troy, N. Y.; William Gow, Argyle, N. Y.; Henry O. Mayo, Ogdensburgh, N. Y.; James McIntyre, Albany, N. Y.; Frances B. Parmele, Ohio; Joseph N. Poulin, Ste. Marie, Lower Canada; John V. P. Quackenbush, Albany, N. Y.; Tabor B. Reynolds, Wilton, N. Y.; Erasmus D. Root, Chatham, N. Y.; Jacob Schermerhorn, Rush, Pa.; J. Wilkinson Sleight, Poughkeepsie, N. Y.; Addison P. Strong, Laurens, N. Y.; Richard H. Thompson, Albany, N. Y.; Edward W. Trotter, do.; David Walker, Wayne, Mich.; Samuel J. Wright, Middleburgh, Mich.; Ira B. Wells, Morrisville, Mich.

Royal Medical Society of London.

The following gentlemen have been elected office bearers for this society for the ensuing year: Presidents—John Goodsir, Esq., M. W. S. E.; Henry Lonsdale, M. D. and F. R. C. P. E.; Edwin Thorne Watt, Esq., M. R. C. S. L.; W. Scott, Carmichael, Esq., L. R. C. S. E. Curator of Library—Aw. Halliday Douglas, M. D. Honorary Secretaries—Henry Reid, Esq., Theodore Wood, Esq.

Professor David Don.

We regret to have to announce the death of this distinguished naturalist, which took place at the Linnean Society's apartments, Soho square, London, a few weeks since. He was the second son of the late Mr. George Don, the curator of the Royal Botanic Garden, Leith Walk. About 25 years ago, Mr. David Don went to London, carrying with him an introduction from a friend to the celebrated Robert Brown. This gentleman soon perceived and fully appreciated the merits of the young Scots botanist; and through his powerful recommendation he was successively appointed Keeper of the Lambertain Herbarium and Librarian to the Linnean Society. In 1821 he accompanied his early friend on a visit to Paris, and thus formed acquaintance with some of the most eminent Continental naturalists, among whom were Humboldt, Cuvier, and Delessert. Mr. Don's Prodromus Floræ Nepalensis, and various excellent papers in the Linnean Transactions, having brought him prominently into notice in the botanical world, he was chosen Professor of Botany in King's College, Somerset House; and he may be said to have fallen a martyr to his zeal as a lecturer there, for he resolutely delayey till the end of the session, an operation recommended by Sir Benjamin Brodie, by which his life might have been saved, and it was then found too late.

Temperance Society of the College of Physicians and Surgeons.

The ninth anniversary of the Temperance Society of the College of Physicians and Surgeons of the State of New York, was held in the College Hall, Tuesday evenning, February 22, 1842.

The annual report was read, and an account given of the labors of the delegate, Dr. Townsend, in England, Scotland, and Ireland, and of the late president, Dr. D. J. Macgowan, now in Paris, a delegate to corresponding societies in Europe.

Professor Willard Parker, after an eloquent address, moved, that it is the positive duty of the physician to sustain the cause of temperance, both by *precept* and *example*.

Professor Alexander H. Stevens, M. D., adddressed himself particularly to the junior members of the profession, whom he was accustomed to meet on other occasions, in a different capacity; but in this cause all should meet on equal grounds to oppose a common enemy. He presented and sustained the following resolution :—

Resolved, That we look upon the members of the medical profession, from the station which they occupy in society, from the extent to which their influence may be exerted, through the access which they have to families and individuals, and from their knowledge of the operation of medical agents upon the human system, as occupying a situation of great responsibility with respect to the continuance or the suppression of intemperance: therefore, that we consider it eminently the duty of young physicians to exert themselves throughout the sphere of their influence, by argument and by example, for the establishment of temperance associations, where they are not organized, and for the promotion of their objects where they have been formed.

Dr. Gr[illegible]n, president of the Vermont Academy of Medicine, said he could second the resolution with all his heart. He had seen, in a village of New England, where he was some years since settled, the lamentable and dangerous effects of the old drinking customs among physicians. He was one of a club of ten or fifteen of various professions who used to meet every few weeks for convivial purposes, wine being the beverage generally used. He soon found the tendency of such habits, and determined to break them off, warning his companions, also, at the same time, of their danger. About seven of them turned a deaf ear to his expostulations, and laughed at the idea of becoming intemperate; but five of those seven are now filling the drunkard's grave; by the bedsides of three of whom he had stood and closed their eyes, amid the horrors of delirium tremens.

Benediction was pronounced by the Rev. R. S. Cook, and the society adjourned.

At a subsequent meeting the following were elected officers for the ensuing year :—Nathaniel Cheever, President; Robert Sibree, 1st Vice President; J. R. Worster, 2d Vice President; J. H. Ross, John Snowden, John F. Tyler, Enoch Greene, John Young, executive committee; S. F. Green, recording secretary; David P. Holton, M. D., corresponding secretary.

TO THE EDITOR OF THE LANCET.

SIR :—

Will you allow me, through your valuable columns, to ask 'H.' what compensation is allowed by law for *medicines* furnished to the patient by the physician?

Yours, truly, PRACTITIONER.

New York, March 2, 1842.

Reply.

PHARMACEUTICAL CHARGES.

A single prescription furnished	$0 50
Pills, per dozen	0 75
Boluses, each	0 50
Electuaries, per ounce	1 00
Infusions, per lb	2 00
Solutions, per lb	1 50
Tinctures, per ounce	0 50
Ointments and cerates, per ounce	0 50
Blistering plaster, according to size	1 50 to 2 00
Other plasters	0 50 to 2 50
Decoctions, per lb	2 00
A single medicine dispensed without visit	1 00
An anodyne draught	0 50

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, from the 19th to the 25th day of February, 1842.

34 Men, 26 Women, 56 Boys, 51 Girls. Total, 167.

DISEASES.

Apoplexy	8
Asthma	1
Asphyxia	0
Abscess	0
Aneurism	0
Bleeding	0
Bleeding from stomach	0
Bleeding from lungs	0
Burned or scalded	0
Casualties	0
Cholera infantum	0
Cholera morbus	0
Colic	0
Consumption	20
Convulsions	18
Croup or hives	6
Debility	0
Delirium tremens	1
Diabetes	0
Diarrhœa	0
Death from poison	0
Dropsy	0
Dropsy in head	14
Dropsy in the chest	1
Drowned	0
Dysentery	0
Erysipelas	2
Epilepsy	3
Fever	1
Scarlet	15
Typhoid	7
Puerperal	0
Remittent	2
Bilious	1
Inflammatory	0
Intermittent	0
Hip Disease	1
Intemperance	0
Inflammation	1
Of liver	0
Of bladder	0
Of brain	7
Of stomach	0
Of chest	9
Of lungs	17
Of bowels	10
Of throat	1
Of womb	0
Jaundice	1
Killed or murdered	0
Locked-jaw	0
Lues Venera	0
Mortification	3
Malformation	2
Marasmus	9
Measles	2
Old age	3
Organic disease of heart	2
Palsy	2
Rupture	0
Rheumatism	1
Spinal disease	0
Suicide	1
Sprue	2
Small-pox	8
Scrofula	0
Teething	2
Tumor	1
Unknown	2
Ulceration of throat	0
Ulcers	0
Varioloid	0
Whooping cough	0
Worms	2

AGES.

Of 1 year and under, 41; between 1 and 2, 16; 2 and 5, 27; 5 and 10, 7; 10 and 20, 6; 20 and 30, 19; 30 and 40, 20; 40 and 50, 12; 50 and 60, 8; 60 and 70, 6; 70 and 80, 2; 80 and 90, 1; 90 and 100, 1; 100 and upwards, 0; unknown, 0.

WILLIAM A. WALTERS, City Inspector.

City Inspector's Office, Feb. 26, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, MARCH 12, 1842. No. 11.

REVIEW DEPARTMENT.

Two Lectures on the Laws of Climate. and its Influence upon the Animal and Vegetable Kingdoms.

DELIVERED AT THE NEW YORK SOCIETY LIBRARY.

BY SAMUEL FORRY, M. D.,

Author of a Work on the Climate of the United States.

[REPORTED FOR THE LANCET.]

Lecture II.

LADIES AND GENTLEMEN:—

Having completed our remarks on the general laws of climate, we shall now bring under notice the influence exerted by climate upon *organic* existence, which will be found so diversified and extended as to be adapted to every possible variety of climatic peculiarity. In considering the laws relative to the distribution of plants and animals over the globe, we find that they are chiefly regulated by the temperature of the atmosphere. The circumstance next in importance is the nature of soil, which has resulted from the gradual attrition of the solid materials comprising the crust of the globe; but as regards the very existence of all animals, at least of the land, and all vegetables, we find this stratum of comminuted mineral substances and organic remains, absolutely indispensable.

As regards the influence of climate on vegetation, the general fact of the difference between the plants of warm and those of cold countries, as well as between those that grow on plains and on mountains, is well known to every one. Some plants flourish in sea-water, others in fresh, whilst a third variety can exist only in arid deserts or on bare rocks; the great majority prefer sunshine, but some are most vigorous in the shade or even in absolute darkness. Thus we behold the wonderful arrangement of nature, by which every part of the earth's surface has been clothed with vegetable organization!

It is in tropical countries alone, beneath a vertical sun, that vegetation displays its utmost glory and magnifiicence. It is there, amidst eternal summer, that we find groves ever verdant, blooming, and productive. Advancing to the north or south, we soon discover forests, which, denuded of their leaves, assume, during half the year, the appearance of death; and still approaching the poles, we meet vegetation under a variety of stunted forms, which are ultimately superseded by a few coarse grasses and lichens.

As temperature decreases progressively with the elevation of land, great varieties of vegetation may be presented in the same region. Whilst the flowers of spring are unfolding their petals on the plains of northern France, winter continues his icy reign upon the Alps and Pyrenees. By this benificent appointment of nature, the torrid zone presents many habitable climates. On the great table-plain of Mexico and Guatimala, a tropical is converted into a temperate clime. As the vernal valley of Quito lies in the same latitude as the destructive coasts of French Guiana, so the interior of Africa may possess many localities gifted with the same advantages. It is in the geographical features of Columbia, in South America, that we find most strikingly displayed the physical phenomena of *height* producing the effect of *latitude*—a change of climate with all the consequent revolutions of animal and vegetable life, induced by local position. It is on the mountain slopes of from 3000 to 7000 feet, beyond the influence of the noxious miasmata, that man dwells in perpetual summer amid the richest vegetable productions of nature. In the mountains of Jamaica, at the height of 4200 feet, the vegetation of the tropics gives place to that of temperate regions; and here, while thousands are annually cut off along the coast by yellow fever, a complete exemption exists. In these elevated regions, the inhabitants exhibit the ruddy glow of health which tinges the countenance in northern climes, forming a striking contrast to the pallid and sickly aspect of those that dwell below. In ascending a lofty mountain of the torrid zone, the greatest variety in vegetation is displayed. At its foot, under the burning sun, ananas and plantains flourish; the region of limes and oranges succeeds; then follow fields of maize and luxuriant wheat; and still higher, the series of plants known in the temperate zone. The mountains of temperate regions exhibit perhaps less variety, but the change is equally striking. In the ascent of the Alps, having once passed the vine-clad belt, we traverse in succession those of oaks, sweet chesnuts, and beeches, till we gain the region of the more hardy pines and stunted birches. Beyond the elevation of about 6000 feet, no tree appears. Immense tracts are then covered with herbaceous vegetation, the variety in which ultimately dwindles down to mosses and lichens, which struggle up to the barrier of eternal snow.

Although in considering the organic life of plants, it is necessary to estimate the simultaneous influence of all physical causes, as soil, heat, light, the state of the atmosphere as regards its humidity and serenity, &c.: yet, among these the most important is the influence of heat, as exhibited in the extreme of temperature both in respect to heat and cold, and in the manner of its distribution among the different months of the year. Each plant has generally a particular climate in which it thrives best, and beyond certain limits it ceases to exist. Hence, having seen the great variations of summer and winter temperature on the same isothermal line, the absurdity of limiting a vegetable production to a certain latitude or mean annual temperature is apparent. To say that the vine, the olive, and the coffee-tree, require, in order to be productive, annual temperatures of 53°.60, 60°.80, and 64°.40, is true only of the same system of climate. As the annual quantity of heat which any point of the globe receives, varies very little during a long series of years, the variable product of our harvests depends less on changes in the mean annual temperature, than in its distribution throughout the year. Thus, climates in regard to the geography of plants, are strongly characterized by the variations which the temperature of months and seasons experiences.

Reference has already been made to the contrast in the climate of Western Europe and Eastern America, the former producing the olive and the orange in latitudes which with us are productive of ice and snow. Scarcely does a winter elapse that the Hudson river is not frozen over even in the vicinity of the city of New York; whilst Philadelphia and even Baltimore, lying on the same parallels on which flourish in Europe the olive and the orange, have their commerce often interrupted from the same cause. The Delaware, which is in the latitude of Madrid and Naples, is generally frozen over five or six weeks each winter. Even the Potomac becomes so much obstructed by ice that all communication with the District of Columbia by this means, is suspended for weeks. Further north, we find the mouth of the St. Lawrence shut up by ice during five months of the year; and Hudson's Bay, notwithstanding it is in the same latitude as the Baltic sea and of more than twice the extent, is so much obstructed by ice even in the summer months, as to be comparatively of little value as a navigable basin.

Accordingly we find that whilst the sugar-cane is cultivated in Europe as far north as lat. 36°, in a mean annual temperature of about 67°, its cultivation in the United States, on account of the low winter temperature, is prevented beyond lat. 31°. In Europe, the olive ranges between latitude 36° and 44°, that is, in a mean annual temperature of 66° down to 58°, provided the mean temperature of summer is not below 71°, nor that of the coldest month below 42°, which last excludes the United States beyond lat. 35°. For the same reason, the date, palm, and sweet orange, grow in Louisiana only to lat. 30°. That these plants would succeed, however, on the Pacific coast of our territory, on parallels corresponding to Europe, is an opinion that has for its basis the fundamental truth, that the laws of nature never vary. It has, indeed, been recently stated, on the authority of a traveller, that even as high as the 45°, the fig, citron, orange, lemon, pomegranate, and cotton plant, flourish. This, in truth, is confirmed by thermometrical observations made by Mr. Ball, of New York, at Fort Vancouver, in lat 45° 37′, situated on the Columbia river, about 70 miles in a direct line from the Pacific Ocean. During a year's observations, the lowest point is 17° of Fahr., and the whole number of days below the freezing point is only nine, all of which are noted in January. The seasons are even less contrasted than at Pensacola or New Orleans. The mean temperature of spring, summer, and autumn, are about the same as at Fort Wolcott, R. I., whilst the winter resembles that of Fort Gibson, Arkansas. 'Though the latitude is nearly that of Montreal,' he says, 'mowing and curing hay are unnecessary; for cattle graze on fresh growing grass through the winter. * * * Winters on the Columbia river are remarkably mild, there being no snow, and the river being obstructed by ice but a few days during the first part of January.' Here the seasons are so mild and uniform, that the difference between the mean temperature of winter and summer is only 23°.67—a mean which is less than that of Italy or southern France, and only about two-fifths of that of Fort Snelling, Iowa, which is 56°.60, notwithstanding the latter is nearly one degree further south.

The influence upon vegetable geography arising from the unequal distribution of heat, is also beautifully illustrated in the four systems of climate demonstrated on the same parallels in the northern division of the United States; and if we extend the comparison to the Pacific coast, a fifth system, as has just been seen, may be enumerated on the same latitude. Taking the coast of New England, the region of the great lakes, and the Pacific coast, the difference between the mean temperature of winter and spring varies from 6°.67 to 18°.42; whilst in the excessive climate of the regions west of the lakes, and intermediate to them and the Atlantic, this difference ranges from 18°.82 to 30°.83; and accordingly we find, as already explained, that spring and summer are confounded with each other, and that the sudden excess of heat renders the progress of vegetation almost perceptible. Not only is the vernal increase greater in excessive climates; but, as it supervenes upon a lower winter temperature, the effect produced on the development of vegetation is in an inverse ratio. The vernal increase of 30°.83, for example, at Fort Snelling, Iowa, comes upon a mean winter temperature of 15°.95, whilst at Fort Sullivan, on the coast of Maine, on the same parallel, the increase of only 17°.16 follows a winter temperature as high as 22°.95.

Let us now survey the grandeur of our own country as regards the vegetable kingdom. The mighty plain which extends through the centre of the continent from the Gulf of Mexico to the Arctic sea, bounded on the west by the Rocky Mountains and on the southern portion of the east by the Atlantic range, is comprised only in part within the United States; but this portion constitutes the most fertile and valuable portion of this vast central plain. On its northern border, where winter holds perpetual sway, vegetable life expires or survives only in some species of mosses and lichens. South of these dreary wastes, stunted trees begin to appear, forming gloomy and desolate forests; and it is not until we reach the 50th parallel, that the eye is cheered with the vegetation known in the temperate zone. Proceeding still further south, we ultimately discover in the valley of the Mississippi, the palms and the splendid foliage of the tropics—a land already peopled by millions, and one destined, as a necessary consequence springing from natural adaptation, to nourish upon its fertile bosom countless multitudes. A characteristic feature of this immense basin of the Mississippi and Missouri, is the vastness of its level surface. Its tracts of fertile lands, with its great and navigable rivers terminating in one main trunk, opens to it prospects of opulence and populousness to an extent incalculable. In this region man is everywhere occupied in opening new lands, in building houses, in founding cities, and in subjugating nature.

In regard to the distribution of animals over the globe, it may be truly said that the diversities, in different climates, are not less numerous, and perhaps even more extraordinary, than in the vegetable kingdom. In regard to the differences among animals, in the same climates, it may be added that almost every vegetable has its peculiar inhabitant, to which that plant, (upon which it comes into existence, and lives, and dies,) constitutes the world: even different parts of the same plant, as the leaf, the flower, the fruit, or the cortical portion, may each have its distinct occupants. There is also a wonderful adaptation of structure to the locality inhabited, that is, an admirable conformity between the organic capabilities of animals and the surrounding physical circumstances. The same peculiarities of habitude are observable in animals that dwell in the water; for whilst some prefer the deep and open sea, others frequent shallow water or the mouths of rivers—again, some can live only in fresh water, and others only in salt. In analagous climates of the different quarters of the world, it is also found that, though many genera exist in common, the species are often totally different; but the object and limit of this lecture preclude all details upon this point. The distribution of land animals, though endowed with the power of locomotion, yet resembles, in consequence of their dependence on vegetables for subsistence, that of plants—a law that applies more especially to insects and the smaller animals.

As regards the effects of diversity of climate on the distribution of animals, we find, as in the vegetable creation, that tropical regions display animate nature in its grandest developments. Both on the land and in the sea, animals attain not only the most enormous magnitude, but exhibit the most extraordinary and diversified forms and colors in nature. Where else than amidst the profusion of vegetable exuberance teeming with animal life exhibited within the tropics, could the elephant and rhinoceros, the ostrich and cassowary, the boa and crocodile, exist? And in illustration of the design evidenced on every hand, where but in countries so productive of animal life, should we discover the ferocity of the tiger and the poison of the serpent, as wise checks upon excessive increase?

Receding from the equator into the temperate climes, the animal, like the vegetable kingdom, exhibits a gradual diminution of size. As a marked feature in the vegetation of these climates is the gregarious grasses, so here we find the horse and the ass, the ox, the sheep, and the goat, which with others obtain their nourishment almost entirely from this source. As regards the birds and insects indigenous to temperate regions, a remarkable contrast to those of the tropics, as respects their forms, colors, and melodious notes, is presented.

Advancing towards the poles, the animals just noticed gradually disappear, except such as the reindeer, which find their food in a species of moss peculiar to this climate. In the remote north and south, it is only the carniverous and pisciverous animals that exist.

In consequence of the difference between the general temperature of the ocean and that of the land, the distribution of marine animals varies much from that of those entirely terrestrial, more especially within the Polar seas. In the Polar ocean, owing to the higher temperature, the whale and the animals that become its prey, exist in latitudes which on land would be incompatible with animal existence. The analogy with the vegetable creation and the land animals already adverted to, is apparent in the enormous size of many of the shell-fish and mollusca of the Equatorial seas, the lustre and beauty of which are unsurpassed even by the gorgeousness of the feathered race.

It is thus apparent that organized structures have in general been adapted to particular climates, the effects of which, in cold and warm countries, upon the same animal are so great, that the fleece of the same species of sheep, in the former, is soft and silky, and in the latter coarse, resembling hair. Although the tiger could not live among Polar snows, and the Arctic bear beneath the scorching rays of a vertical sun, yet some species of animals, as well as of plants, possess the faculty of accommodating themselves to all climates. The species of both the kingdoms of nature endowed with this faculty, are mostly natives of temperate climates, the transition from this point to either extreme being less violent than from one extreme to the other.

We come now to the consideration of man, who alone can be regarded as a cosmopolite. Although more readily assimilated with particular climates than any other animal, yet the inhabitants of the middle latitudes, like other animals as well as plants, in consequence of their habitual exposure to extremes of temperature and consequent greater vital energy, manifest, in the highest degree, that pliability of functions by which organized structures accommodate themselves to a change of physical circumstances. The influence of climate upon our physical organization is noticed in the earliest records of medicine.

In surveying the different regions of the earth, as it were with a *coup d'œil*, the mental eye is equally struck with the dissemblances and the analogies which appear. Each climatic zone has a peculiar aspect, the physical circumstances of which mould every thing with a plastic hand. Even man endowed with those functions which constitute him a cosmopolite, becomes, in appropriating to his wants the objects which surround him, assimilated in nature. Our idea of a special climate, then, should embrace all the characteristics in the animal, vegetable, and mineral kingdoms, by which nature has distinguished one locality from another.

One of the most interesting problems in history is, the geographical distribution of the human family; for the oldest records, since the time that Cain went to the land of Nod, seldom allude to an uninhabited country. From remote ages, it is well known, that the inhabitants of every extended locality have been marked by certain physical, moral, and intellectual peculiarities, serving, no less than particularity of language, to distinguish them from all other people; but how far this result ought justly to be ascribed to the agency of the climate is still an undetermined point. It may, however, with good reason, be assumed that the physical characteristics which distinguish the primitive races of the human family, usually classed under five varieties, exist independent of external causes, whilst the various families or nations composing each race, owe their similarity of physical and moral character and of language, to the influence of climate, habits of life, and various collateral circumstances. Political institutions and social organization even struggle successfully against climatic agency; for heroes, men of genius, and philosophers, have arisen both in Egypt, under the tropic, and in Scandinavia, under the polar circle. Climate, however, modifies the whole nature of man. The powerful influence of locality on human organization is apparent at once in surveying the external characters of the different nations of any quarter of the earth. In casting one's eye over our national Legislature, the same diversity of physiognomy is apparent. The general countenance of each State's delegation is, indeed, a pretty sure criterion to judge of its comparative salubrity. We can at once distinguish the ruddy inhabitant of that mountain chain, where health and longevity walk hand in hand, where Jefferson and Madison inhaled its cheerful and invigorating breezes, from the blanched resident of our southern lowlands—those fair and inviting plains, whose fragrant zephyrs are laden with poison, the dews of whose summer evenings are replete with the seeds of mortality. As in the smiling, but malarial, plains of Italy—

> 'In florid beauty, groves and fields appear,
> Man seems the only growth that dwindles here.'

To this all-pervading agency of atmospheric constitution, must be referred, in a considerable degree, the superiority of the warlike nations of Southern Europe over the effeminate inhabitants of Asia; and to the same cause in connection with others, is to be ascribed the subsequent conquest of the former by the formidable hordes which issued from Northern Europe. And in regard to the political horizon of North America, if we look upon history as philosophy teaching by example, it requires not the gift of divination to foresee the destiny of Mexico and the States south of it, whose inhabitants, enervated by climate, conjointly with other causes, will yield, by that necessity which controls all moral laws, to the energetic arm of the Anglo-Saxon race. The future history of these States would seem to be typified in that of Texas.

I know not that I could devote the remaining time of my lecture to a more interesting topic than that of change of climate, in the way of a southern *winter* residence to the northern invalid; but any thing more than a mere reference to it is precluded by the limits of a single lecture. [We may here add, that this part of the subject has received the special attention of the lecturer, in a work on the climate of the United States, which will be published, in a few days, by the Messrs. Langley, of this city.]

From the earliest period, change of climate has been regarded as a remedial agent of great efficacy. This opinion is, indeed, confirmed by daily experience. Diseases that have long resisted medical treatment, are frequently suspended or entirely cured by a removal from a crowded city to an open country, or are found to yield, under the influence of such a change, to remedies that previously produced no impression.

As respects the benefit which invalids experience by a removal from a cold to a warm climate, a satisfactory explanation seems to be afforded in the obvious agency of a warm and dry atmosphere in promoting an equable distribution of the circulating fluids, and more especially in relieving that congestion of the internal vessels which generally obtains in chronic disorders, by augmenting the activity of the capillary circulation on the surface. Its influence is, indeed, manifested on perhaps every function of the animal economy. Another very evident explanation of the effects observed may be reasonably ascribed to the influence of a bland atmosphere on the extensive surface of the respiratory organs, which is as great as the external surface of the body. To this we may add the impression made on the nervous system generally, and on the mind, through the medium of the external senses, and conversely the reciprocal influence of the mind on the corporeal functions. But there are many incidental circumstances, not directly ascribable to climate, which contribute to the same end; such as, change of scene and of occupation, the influence of the journey or voyage, as well as the hope inspired.

It has been already shown, in treating of the climate peculiar to East Florida, that invalids requiring a mild winter residence, have gone to foreign lands in search of what might have been found at home. Compared with the most favored localities in other parts of the world, it has been seen that, as regards mildness and equability of temperature, the comparison is no way disparaging to the climate of East Florida. Compared with Italy, which is alternately exposed to the icy winds which sweep from the snow-clad Alps, and to the suffocating sirocco from the desert sands of Lybia, peninsular Florida possesses decided advantages.

The influence of temperature on the living body, more especially as regards winds, is often indicated more accurately by our sensations than by the thermometer. Consequently, the advantages of climate, as regards its fitness for the pulmonary invalid, not unfrequently depend on the mere circumstance of exposure to, or shelter from, cold winds. The frequency and severity of the winds at St. Augustine, constitute a considerable drawback on the benefits of the climate. This place, however, has been thus far the principal resort of invalids, on account of the difficulty of obtaining, at other points, the accommodations indispensable to the comfort of the invalid. The lecturer himself has a personal knowledge, derived from a residence of nearly two years in Florida, not only of St. Augustine, but of Tampa Bay, on the coast of the Gulf of Mexico, of Key West, at the southern point of the Peninsula, and of Fort King, in the interior of the country. As regards adaptation to the peculiarity of individual cases, each of these localities, no doubt, afford certain advantages. It may be here added that the general remarks now made are equally applicable to the West India islands.

Since a more rational view of the nature and causes of pulmonary diseases has prevailed, the beneficial effects of change of climate in certain forms, have been fully established. Formerly, when consumptive patients were indiscriminately condemned to undergo expatriation, the unfortunate invalid often sank before he reached his destination, or he was doomed soon to add another name to the long and melancholy list of his countrymen, who seem to have sought a foreign land, far from friends and home, only to find a premature grave. When it is considered, however, that all remedial agents have proved so inefficacious in phthisis pulmonalis as to place it emphatically among the *opprobria medicorum*, it is no ways surprising that its victims should seek beneath the influence of a more genial clime, the relief, however uncertain, denied them in their own.

The climate of Florida has been found beneficial in incipient cases of pulmonary consumption, and those threatened with the disease from acquired or hereditary disposition. It may be difficult for the lecturer to make himself understood by a popular audience, when speaking of particular forms of disease, but he will endeavor to make himself as intelligible as the nature of the subject will allow. It is in chronic bronchial affections more particularly, that is, in cases in which the lining membrane of the air-passages is alone affected, that it speedily manifests its salutary tendency. To distinguish this, the *bronchial*, from the *tubercular* form of the disease, in which latter there is a deposition of foreign matter in the lungs, often demands considerable powers of discrimination; and upon this distinction frequently hangs the propriety of a removal to a southern clime.

But even patients affected with *tubercular* consumption, if in its incipient state, often experience remarkable benefit from this change. In these cases, our object must be not only to remove the local disorders, but also that unhealthy condition of the nutrient matter of the blood, which causes the deposition of tuberculous indurations in the lungs. But it is not intended here to enter into a detail of the treatment, which must be constantly adapted to individual cases.

In the advanced stages of consumption—the softened tuberculous and ulcerated states—no benefit can scarcely accrue from change of climate; but even in these cases, if strongly desired by the patient, it is admissable. On the other hand, notwithstanding the disease be but little advanced, change of climate is unallowable, if the patient is strongly averse to the measure; for the possible advantages which might accrue would be more than counterbalanced by the effects resulting from this involuntary expatriation.

There are various other diseases in which a similar change of climate is not unfrequently of decided advantage; such as, chronic rheumatism, certain forms of asthma and dyspepsia, and many of those affections termed *nervous*. It is remarked by Sir James Clark, who is the highest authority on this subject, that 'in dyspepsia and disorders of the digestive organs generally, and in the nervous affections and distressing mental feelings which so often accompany these—in asthma, in bronchial diseases, in scrofula, and in rheumatism, the beneficial effects of climate are far more strongly evinced than they are in consumption.' But our limits do not permit us to enter upon the consideration of these subjects. Suffice it to say, that in many of these affections, pure country air is most invaluable. A dry sea-coast, under these circumstances, is truly an antidote to the poisonous effects of a town residence, more especially if conjoined with gentle exercise, both by walking and riding on horseback; but should a marine atmosphere be found, from peculiarity of constitution, to disagree, the patient may resort to the dry air of the interior, which, in conjunction with the aroma of pine forests, as in Florida and Georgia, is found very congenial to delicate lungs. Indeed, the ancients, as we are told by Hippocrates, sent their consumptives to the pine forests of Egypt. Moreover, much benefit will necessarily be derived from the sea-voyage, both in going and returning. The salubrious air of the sea has, indeed, always been esteemed as peculiarly congenial in pulmonary diseases; and to refer again to the ancients, it may be added that the Romans, among whom consumption seems to have been of frequent occurrence, were wont to seek relief in a voyage to Alexandria.

Let not the invalid, however, trust too much to change of climate. Unfortunately for the character of the remedy, it has been recommended indiscriminately, and without proper consideration. It has been too often resorted to as a last resource, or forlorn hope; or in cases susceptible of alleviation or permanent cure, it has been wholly misapplied. One person is hurried from his native land, with the certainty of having his sufferings increased and his life shortened, instead of being allowed to die in peace in his own family; whilst another, who might derive much advantage from the change, is sent abroad, wholly uninstructed in regard to the selection of a proper residence, or ignorant of the various circumstances by which alone the most suitable climate can be rendered beneficial.

And now, ladies and gentlemen, in conclusion, it may be remarked, that we have thus far endeavored to present a concise view of those general laws, which, regarded as a whole, constitute what we term *climate*—a union of adaptations and arrangements for the accomplishment of particular purposes, which demonstrate to the human mind the agency of design on the part of a Great First Cause—a wonderful assemblage of laws, which, as regards the welfare of the human family, are unsurpassed in interest and importance by any other class of natural phenomena. From man, the lord of creation, down to the humblest plant that drinks the dew, all organic creation feels the influence of these laws. So closely are they identified with the every-day occurrences of life, that man is by nature a meteorologist. The shepherd and the mariner, in ages remote, when philosophy had not yet asserted its noble prerogative of releasing the mind from the bondage of superstition, were wont to look, with superstitious awe, upon the face of heaven as an index to prognosticate future results from present appearances, and to read upon it 'times and seasons.' Man, advancing in knowledge, no longer dreads the thunderbolt as manifesting the wrath of a vengeful Deity; but having stripped it of its mystery, he, at the same time, divested it of half its terrors. But whilst man regards this unity of design as the evidences of the wisdom and benevolence of the Creator, he is too apt, forgetting his own insignificance, to measure Omnipotence by the standard of his own narrow intellect. Beholding the march of the pestilence, and the desolation occasioned by malaria, in the most smiling regions of the earth, he is ready to impugn the goodness of the Deity! But admitting, as reason teaches us, that this earth is but a minute fraction of a mighty system, must not its special laws be subservient to the general laws of nature? That which, therefore; has the aspect of being anomalous or defective, may, in reality, constitute but a fraction of some great cycle of phenomena, too vast for the comprehension of a finite intellect. In beholding the desolation of the hurricane, the terrific march of the pestilence, or the evils incident to those terrestrial exhalations. termed malaria, let us be content to exclaim—*the ways of the the Almighty are unsearchable.* The whirlwind and the storm sweep over the land—a hamlet is laid waste, and its inmates perish; yet the general result is good; for as the atmosphere is thus purified, the march of the pestilence, with all its train of evils, is stayed.

Professor Mott's Lectures on Surgery.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

SESSION 1841-2.

Lecture XXIV.

The learned Professor commenced this lecture by recapitulating some of the remarks with which he concluded the preceding one, and exhibited to the class the admirable instrument invented by the late Dr. BUSHE, for passing the ligatures in the operation for the cure of fissure of the palate. The learned Professor embraced the opportunity of hinting that the merit of contriving the instrument belonged to a cutler, but it is scarcely necessary to add that the intimation was as gratuitous as it was unfeeling. The lecturer also exhibited the instrument by the aid of which the ligatures were tied. The learned Professor very judiciously remarked that all those instruments are complicated, and in inexperienced hands very likely to produce embarrassment; the fingers, whenever they could be used, were, in his opinion, by far the best instrument. He had never yet seen any situation, where it was at all practicable, in which he could not employ them to better advantage than any instrument however ingenious.

The next subject taken up was

CARCINOMA OF THE LIPS.

As far as the experience of the learned Professor enabled him to form an opinion, carcinoma never occurred in the upper lip. It often made its appearance in the under lip of persons addicted to the habit of smoking. The disease is marked by the same characteristics here, as when affecting other parts of the body. It seldom occurs in young subjects. Extirpation is the only remedy. The whole of the diseased structure must be exsected, and the edges of the wound are to be brought together and united in the same way as in the operation for hare-lip. When the disease had been permitted to go on, producing destruction of the under lip, and caries of the jaw, could any thing be done? Provided the glandular system was not affected, and no evidence appeared of the extension of the diseased action by absorption, an operation was justifiable. It was in this situation, though not under such circumstances, that the learned Professor performed, for the first time in this country, the operation he would describe in a few days. The Professor then went on to describe the operations sometimes required for

'CHASMS IN THE CHEEK.'

Occasionally very formidable cases of this kind, the result of disease, as *scarlatina maligna*, were presented to the notice of surgeons for reparation. Here Dr. MOTT made the following excellent remarks, which we very earnestly commend to the attention of our readers:—'My opinion from observations I have made during many years in this country, and from comparisons I have instituted in the countries I have visited abroad, is, that one great cause of the fatality of diseases amongst infants here, is the pernicious practice of the good mothers of our republic, in keeping the nurseries heated to a degree that is almost intolerable, and heated too with this horrible 'anthracite coal,' as it is called. In other countries children are infinitely healthier than ours. But they are taken out in the open air—they are not half-roasted alive by being kept in an atmosphere heated to 80° or 90°. If mothers in our city would allow their children to exercise in the open air—if they would keep their apartments cool—I am confident the fatality of infants and children from inflammatory diseases would be diminished one-half. Diseases of the skin, which carry off so many of our children, are to be traced in many instances to the same causes. I recollect when this 'anthracite coal' was introduced, a gentleman whose family I visited, burnt it, and I never went there that my head didn't ache for hours from the suffocating heat. But, like other bad habits, we have become accustomed to this, and never reflect on the disastrous influences thus brought to bear against our health.' The lecturer then went on to describe the operations for repairing the lips when partially destroyed by accident or disease; and also the rhino-plastic, or 'Taliacotian operation,' for the formation of artificial nose. We do not, however, deem it necessary to go minutely into the details, as nothing new was presented, and as the operations are so simple in themselves. In carcinomatous affections of the nose, the early application of the *Kali purum* was spoken of with approbation. The caustic was to be applied very carefully, in the manner recommended and described in one of the lectures in the early part of the course. If this application were ineffectual, or if the whole nose were involved, no alternative was left but a resort to the knife, and subsequent reparation of the loss to as great an extent as possible.

The Professor then briefly adverted to

NOLI ME TANGERE .

as affecting the nose. The disease occurred most frequently in strumous constitutions. It began in the form of a vesicle or pustule, which broke and left a scab. A succession of pustules and scabs would follow, terminating in an ill-conditioned ulceration, having a great tendency to extend itself, and very often extending to the lip. This is the *lupus* of some nosologists—the *herpes maligna* of Wiseman—the *ulcus tuberculosum* of Dr. Good. It occurs in both old and young subjects, and requires the most particular attention. The best applications in the early stage are those of an astringent character. A very common and often efficacious application is a solution of the sulphate of zinc, (five grains to the ounce.) A similar solution of the sulphate of copper may be also tried. Sometimes the citrine ointment is an excellent application. A very weak solution of arsenic may be employed with advantage. A solution of the nitrate of silver, gradually increased in strength from three grains to ten grains to the ounce, may be tried. But all these will often fail. The best of all internal remedies is 'Fowler's solution' combined with the "syrup of the woods.' The Professor could speak in the most positive terms of the value of this medicine, from his own experience of its beneficial effects. The greatest care was of course to be observed in its exhibition.

The learned Professor then proceeded to speak of the treatment of aneurism by anastomosis, when occurring in the face. As that, however, did not of course differ from the mode to be pursued when the affection existed in other situations, it is unnecessary for us to repeat what has already been given on that subject in a former lecture.

Progress of Dental Surgery in the United States.

We have, in a former number of our journal, given a brief expression of the high gratification with which we, in common with all friends of science and of suffering humanity, witness the rapid strides which the art of Dentistry is at present taking in its progress towards that elevated and honorable position to which it is justly entitled. We triumph in the advancement of Surgery, and with an honest pride rejoice as we relate the evidences of its progress, and give permanent record to every fresh accession to its glory. And why should we discover less delight or enthusiasm, in observing the progress of another important branch of that noble profession, to which we have devoted our energies and talents? In this spirit, we cheerfully afford a considerable portion of our space to the following interesting articles—one illustrative of the present state and prospects of Dental Surgery in this country, and the other, expressive of the estimation in which the labors of our countrymen are held by enlightened minds in Europe:—

Second Annual Announcement of the Baltimore College of Dental Surgery.

In this, the second Annual Announcement, the Faculty take great pleasure in laying before the community, the present condition and future prospects of the Baltimore College of Dental Surgery.

Such an institution being the only one of the kind in the United States, and it is believed the only one in the world, was consequently regarded almost by common consent, to be simply the creature of a day—of short-lived existence, and which, of course, would soon pass away.

The Faculty have, however, the pleasure to state, that no such conjectures and evil consequences have been realized, but on the contrary, every thing incite to and encourage the honest belief, that the wise and humane wishes of the founders of such an institution are not only feasible, but may, and as they humbly believe, have been carried out into full and successful operation.

Desiring, however, to not mislead, they beg leave to call attention simply to a very brief statement of some few plain and very well known facts, and let them speak for themselves, viz:—

That the Baltimore College of Dental Surgery has been in successful operation now for two years;

That two full courses of lectures of a period of each of four months have been delivered;

That the class within this time has nearly doubled its numbers;

That some of the students are gentlemen who have been engaged in the practice of the dental profession for many years, and by their stay and devotion to study, thereby acknowledge both the practicability and utility of such an institution;

And lastly, encouragement from various scientific and other sources, all giving approbation of the absolute necessity and utility of dental instruction.

From all this, the Faculty feel themselves fully authorized in assuring the public that they regard the Baltimore Dental College now as no longer a matter of experiment, but on the contrary, as fixed on a firm and settled basis, which no efforts on their parts shall be wanting to render both permanent and more extensively useful.

To Maryland belongs the credit of first leading the way in this great enterprise; and the Board of Visitors, in their annual announcement, clearly state the principles which actuated the legislature in this undertaking.

Their language is, 'the wants of society, resulting from diseases and distortions of the teeth, and the morbid conditions of collateral structures, are multiplied and great;' that 'it is only those who have made it a subject of particular inquiry, who are aware of the fact, that the number of those professing to control these diseases, and correct these distortions, who are competently educated dentists, is small in proportion to the many engaged in the practice of this profession,' 'that there are about 1200 professing dentists in the United States, and of these, but a few have enjoyed the advantages of collegiate instruction in this science.'

That 'charlatanism has been too often successful in imposing upon the credulity of society, and imposture has been emboldened to occupy a position, arrogate pretensions, and engage in a practice, to the detriment of the community, and the injury of the deserving cultivators of this department of medical science.' 'Regarding then,' continues the Board, 'the necessity of providing means for instruction, and securing the public a guarantee against the impositions of the unqualified, the legislature of Maryland have entrusted to the Faculty the duty of executing its purposes in relation thereto.'

It is clear from this that the great fundamental principle which actuated the legislature of Maryland in founding the Baltimore College of Dental Surgery, was that of doing good by elevating the standard of the dental profession, and supplying as far as in their power, the best possible means of restoring and preserving the health of the teeth of the numerous unfortunate victims who daily suffer from bad management as well as from diseases of these organs.

The Faculty cannot refrain expressing the deep responsibility they feel in the trust confided to their charge. Difficulties and embarrassments always attend the organization and successful operation of any new undertaking—these they expected necessarily to encounter: they have been met, and so far, they believe, successfully overcome.

It has been their most anxious desire and constant aim to perfect such a plan of instruction as will, in the language of the Board, 'embrace all divisions of knowledge necessary to constitute an enlightened practitioner' in dental surgery.

The extent of instruction embraces four professorships, viz:—

1. Dental Physiology and Pathology;
2. Practical Dentistry;
3. Special Pathology and Therapeutics;
4. Anatomy and Physiology.

The plan of instruction is decidedly practical, each student being required not only to thoroughly understand, but also each to thoroughly practice for himself the several manipulations necessary in his profession. The facilities for the accomplishment of this plan, the Faculty have the pleasure of announcing are sufficiently ample.

The Professor of Practical Dentistry is provided with abundant means for demonstrating the various operations pertaining to his department, all of which are gone through with in the presence of the class, and opportunity afforded each student of repeating them after him, under his immediate direction.

The Professor of Dental Physiology and Pathology has a valuable cabinet of physiological and pathological specimens of many years collection, by which his branch can be practically illustrated.

The Chair of Special Pathology and Therapeutics has the ample store of materia medica and pathological anatomy to draw from, while that of anatomy and physiology finds no difficulty in obtaining the greatest abundance of subjects for its demonstrations, and it will be looked for of each dental student, that he shall dissect, as the Faculty regard dissection both essential, and as the only proper means by which a true and practical knowledge of the dental organs, as well as every structure of the body, can be acquired, and for which purpose ample facilities for dissection are provided.

Progress of Dental Science in America.

TO THE EDITOR OF THE LONDON LANCET.

SIR:—At a time like the present, when the subject of general medical reform occupies the especial attention of the profession, and the necessity of providing some protection for society against the inroads of empiricism, becomes daily more evident, it may not be out of place to direct attention to the strenuous efforts made on the other side of the Atlantic, to rescue a most useful, though perhaps humble branch of surgery, from the depth of degradation to which it has been reduced, by the disgraceful quackery of a great portion of those who profess to follow the avocations of the dental surgeon.

After encountering much opposition, and overcoming many serious difficulties, a few of the leading dentists in New York, aided by some equally praiseworthy professional brethren in Philadelphia, Baltimore, and Boston, succeeded early in 1839 in forming an association, from which, shortly after, emanated the first number of a monthly journal, under the title of the 'American Journal of Dental Science;' the avowed objects of the publication being to afford facilities for the diffusion of knowledge in dental theory and practice, and for that unreserved intercommunication of facts between the members of the profession which ever opposes the firmest obstacle to the growth of quackery, inasmuch as one of the strongest distinctive attributes of an empiric is, *to have*, or *to pretend to have, professional secrets.*

The first volume of this journal has been completed in twelve numbers, and it has been determined to publish the second volume in four quarterly numbers.

The contents of the first volume have been of an exceedingly interesting and useful character, reflecting the greatest credit on the discernment of the able editors, Dr. Harris, of Baltimore, and Dr. Parmby, of New York.

Amongst the earliest beneficial results of the publication of this journal, has been the complete organization of the 'American Society of Dental Surgeons:' a society which, amongst many other laudable designs, professes its object to be the establishment of dental colleges in the various states of the Union, and ultimately the conferring of a degree in dental surgery on those properly-qualified candidates who may be desirous of obtaining such evidence of their theoretical and practical knowledge.

In November, 1840, the Baltimore College of Dental Surgery commenced its first session, under the guidance of four professors; viz., of dental physiology and pathology, of anatomy and physiology, of practical dentistry, and of special pathology and therapeutics; and this institution is now in full and successful operation. Considerable progress has also been made towards the formation of a similar establishment in New York.

If facts and observations connected with dental pathology may be deemed worthy of a place in the *Lancet*, I shall experience much pleasure in offering to your notice occasionally some reports of the proceedings of the American Association, in the hope that a little agitation of the subject may be instrumental in exciting the attention of those eminent members of the profession who are best qualified, by the position they occupy, to bring about an effectual reform in this, as well as other branches of surgery. I have the honor to be, sir, your humble servant, W. H. LINTOTT.

24 Mortimer-street, Cavendish-square,
July 3, 1841.

Remarks on Rheumatism.

[From the splendid edition of Billing's 'Principles of Medicine,' just published by Lea & Blanchard, of Philadelphia.]

Notwithstanding that rheumatism exists in organs of which, as pointed out by Bichât, the fibrous tissue constitutes the major part, I do not consider that arthritic disease, rheumatism or gout, depends upon a lesion of inflammation of that tissue in particular, as is often supposed. The fibres of the tendons of muscles, the fibrous tissue of ligaments, and cartilage, like the osseous tissue, must not be viewed apart from the connecting cellular tissue and the accompanying nerves and blood-vessels; and we shall be thus led to conclude that, however important they are to the animal economy, by serving as the basis or characteristic material of individual organs, they are second to the highly important cellular tissue and the arteries and nerves in the production of pathological phenomena. By this explanation the student will understand how it happens that the comparatively low organized structures, ligaments, fasciæ, articular capsules, &c., precisely like the more highly organized skin and mucous membranes, are so intimately connected pathologically with the general condition of the individual: he will not wonder that indigestion should produce an attack of rheumatism or gout, or that either may be suddenly translated to a vital organ, constituting what is called metastasis, and thus prove rapidly fatal; or that cold and damp, alteration in the electrical states of the atmosphere, should be so keenly perceived, through the occurrence or increase of disease, before even the ordinary senses have been able to apprise the individual of the change; thus making a rheumatic patient, what he is not inaptly called, a living barometer.

Some persons are led to suppose that rheumatism, being inflammation of the fibrous tissue, as it is called, is something quite peculiar, quite different in its nature from inflammation of other parts. When it is considered, however, that it is the same inflammation as exists in other parts, the same lesion of nerves and blood-vessels, the symptoms being modified in consequence of the nature of the aggregate tissue, the practitioner will be led to rational treatment, according to the principles I have laid down for the treatment of inflammation in any part of the body; in every instance of which, he has not to act for a name, but to reflect upon the proximate cause of the disease under consideration, and the constitutional condition of the patient; for he will have noticed in how many instances of disease bearing the same name he has had to operate with different means, and according to what, in a superficial view of the subject, might be looked upon as opposite principles.

There are forms of chronic rheumatism which it is extremely difficult, if at all possible, to distinguish from neuralgia; so direct is the connexion between the nerves and rheumatic disease. Indeed, I believe that all rheumatism commences with lesion of the nerves of the part: to which it may be objected, that in *acute* rheumatism the other tissues are red and swollen. Even so; the process of inflammation begins by functional, if with no physical derangement, in the nerves, and spreads, owing to the diffusion of the nervous tissue, through the cellular tissue of the skin, muscles, sheaths of tendons, pericardium, &c. This affords an explanation of the phenomena, and of the utility of the remedies employed: many cases are curable by tonics, while most are relievable at all stages by narcotics; some imperatively requiring bleeding, a few injured by it: the perception of which last-mentioned fact was the reason that bleeding was quite out of fashion at Edinburgh when I visited it; so much so, that patients with their wrists and ankles swollen, and the chest oppressed, were not bled, because, as was truly asserted, bleeding *sometimes* caused the convalescence to be tedious. No doubt this happened when discrimination was not used. All my life I have seen men prescribing for diseases by name: one man bleeds always in acute rheumatism, another never, or scarcely ever; one gives emetics and bark in all cases, another mercury, another colchicum, &c. &c.; one man finds digitalis of great use in rheumatism, another stares at his assertion. From what has been already said on the subject of

> inflammation, it may be deduced why and where these remedies suit; why, for example, digitalis and bleeding will procure sleep better than opium when the brain is plethoric and feverish; and, on the other hand, that wine and other products of fermentation will procure sleep better than even opium when there is a state of inanition.
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> I must beg pardon of my senior readers whilst I set down a few directions for the juniors, in further explanation.
>
> Do not neglect to bleed in acute rheumatism (rheumatic fever), if with a plethoric appearance you have the external redness and tenderness, combined with oppression at the chest, indicating tendency to pericarditis, or if there be symptoms of meningitis.
>
> Do not bleed in acute rheumatism, unless emetics and other treatment have failed, if there be *only external* pain and swelling, and a patient not strong, lest you have a *slow convalescence*, as any one may expect if a patient be bled unnecessarily.
>
> But, on the other hand, always have the fear of internal inflammation, 'metastasis,' in your mind's eye, or you may have *no convalescence* at all, but death for want of bleeding. If your patient gets severe pericarditis, you will either have death soon with fever, as I have known happen from neglect of bleeding, or a lingering death from adhesions and enlargement of the heart (such as may be seen on the shelves of every museum), with dropsy.
>
> Never neglect, in acute rheumatism, to examine the chest, and inquire about it; for the patient will scarcely ever complain of it, even when affected, in consequence of his attention being drawn off to the severe pain in the limbs and muscles of the trunk. Conviction has been forced upon the medical world, that in rheumatic fever the heart uniformly participates in the disease; though 'metastasis' to the heart is not said to have taken place until symptoms of serious lesion of the organ are evinced; but the peculiar pulse of rheumatic fever declares the state of the organ. It is irritated sympathetically as in other acute diseases, hence the pulse is more frequent; but being itself affected by the rheumatism of its fibro-serous tissue, it is weakened in its action; hence it does not empty itself, causing the full soft pulse,—full, because there is much blood, and soft, because the action is not energetic.
>
> Opiates are useful in almost every case of rheumatism, particularly in order to procure sleep, as sleep restores the nervous system; tonics are beneficial, as already explained, by their influence on the nerves; emetics operate favorably as sedatives, diminishing the *vis à tergo*, without debilitating. And, besides, to relieve the external inflammation, antimony, colchicum, &c., in doses short of producing nausea, when circulated to the capillaries, act like the tonics commonly so called, as already explained. The efficacy of veratria and the allied alkaloids rubbed on the skin and absorbed, is similar to the internal use of colchicum.
>
> In referring rheumatic inflammation to the nerves, I have only gone a step farther than some who call certain kinds of it neuralgia. The exciting cause of rheumatism is usually cold and damp together, not either alone; intense cold will seldom produce rheumatism, if the atmosphere be dry; but if the skin have been perspiring previously, so that it or the inner garment is damp, rheumatism results; warm damp does not produce it. A cold fog or rain will produce the effect, though the person has not been previously perspiring. Moisture appears to exercise a peculiar effect on the electric state of the nerves; but if the parts be warm, that is counteracted,—the cold and damp together are noxiously sedative. Every person can recollect illustrations. The softer and more vascular tissues are not so easily contracted to a noxious degree as the dense fibrous tissue; hence the latter is the first to suffer from the sedative and damp.

The above interesting extract affords a specimen of Dr. Billing's correct and forcible style; and from it our readers may perceive the plain and practical character of his work. Dr. Billing casually adverts in his preface to the importance of a knowledge of comparative anatomy, as the only sure foundation of human physiology, a view in which we most cordially concur. In some of the British schools of medicine this deeply interesting branch of science is beginning to attract attention; and to its persevering pursuit of late years, by the German anatomists, we are indebted for not a few important discoveries. In this field, Dr. Billing has long been a zealous and by no means unsuccessful laborer; and several peculiar views adopted by him a number of years ago, have lately been fully confirmed by the observations of others. Thus, Dr. B.'s explanation of the cause of a limb being 'asleep,' 'benumbed,' by reference to the medullary part of the nerves being in tubes, as asserted by Fontana, which has been demonstrated by Ehrenberg, of Berlin. It is greatly to be regretted, that from our miserably defective systems of medical education, our students are entirely precluded from giving any useful degree of attention to comparative anatomy, the various branches of natural history, or even physiology. They run breathlessly the round of half-a-dozen classes, for a few months, and go home with a mere smattering of terms and first principles. Which of our numerous Colleges intends to take the lead in the work of reform, and extension of the curriculum?

A New Dictionary of Medical Science and Literature, containing a concise account of the various Subjects and Terms; with a vocabulary of Synonymes in Different Languages, Formulæ for various Officinal and Empirical Preparations, &c. Third Edition, with numerous modifications and additions. By Robley Dunglison, M. D., M. A. P. S., &c. Philadelphia: Lea & Blanchard. 1842. 1 vol. Royal 8vo.

This is a beautiful edition of a valuable work, which, meeting a better fate than that which has unfortunately befallen many worthy candidates for public favor, has obtained such a favorable reception as has already exhausted two large editions. Dr. Dunglison is a very prince amongst the meritorious race of lexicographers. But this splendid volume is far from being a mere dictionary of terms—it is rather a concise encyclopædia of medical science and literature. No physician's library can be complete without it, and now that we are just beginning to draw out a host of contributors to medical literature, who will write about every thing, the sagacious publishers could not have hit upon a more favorable period for its issue in this improved and handsome form. This edition we observe, includes in the body of the work the Index, or Vocabulary of Synonymes, which was in the former edition printed at the end of the volume, constituting we think a great improvement. Many new words have also been introduced, and altogether the work is creditable in the highest degree to author and publishers.

Valedictory Address, delivered before the Graduates of the Baltimore College of Dental Surgery. By W. R. Handy, M. D., Professor of Anatomy and Physiology.

This is a well-written, modest, and sensible address. We have already given some evidence of our good wishes towards Dr. Handy and his associates, and in those feelings, we are confident there are few of our readers who do not participate. Let such men as Parmely and Hayden and others, go on in the work of reform, and the dental quacks and impostors will soon be exterminated in spite of their teeth!

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, March 12, 1842.

We have observed, with great regret, an article in the *New York Herald* of the 9th inst., which states that the respectable gentlemen composing the Faculty of the Medical School of the Stuyvesant Institute, have recently refused our respected friend, Dr. Nelson, the use of one of their rooms in that building for the purpose of delivering a course of lectures on Human Physiology. We have taken the trouble of making some inquiries about this matter, and have ascertained the fact of this refusal, and that it was excused on the ground of the determination of the Faculty not to permit the delivery, in that building, of any lectures on subjects connected with medical science, by any other individuals than themselves, lest dissatisfaction might be created in the tender minds of the students. Dr. Nelson is not the only gentleman who has been excluded by this singularly sagacious arrangement. Drs. C. A. Lee, Alfred C. Post, and Detmold—gentlemen of great talent and distinguished reputation, have been subjected to the same treatment, and, indeed, with still greater injustice; for, the Faculty had, some time previously, acquiesced, with great apparent cordiality, in the proposition generously made by the gentlemen we have named, to give a short spring course of lectures at a mere nominal fee, with the view of promoting the interests of science and the advancement of such of the students as might desire to continue the prosecution of their studies after the close of the College term. Dr. Nelson, to be sure, has lately come amongst us with no ordinary claims upon our affectionate regards, and is, it is well known, a man of very extensive scientific acquirements—common decency required that he should have been treated with at least some show of courteous respect. But in shutting their doors against Drs. Lee, Post, and Detmold, the Faculty set at naught their own published announcements, just as they did in the case of the Surgical *Clinique*, which they abolished in the middle of the session, because, forsooth, Dr. Mott was afraid that 'his materials would be exhausted' by the predatory labors of a newspaper reporter.

Now, it may be very good generalship in this Faculty, to eschew competition as much as possible in every form. There is no knowing what the consequences might have been, had the students and the profession generally, been afforded an opportunity of weighing Dr. Nelson against Dr. Paine—or Dr. Lee against Dr. Revere and Dr. Bedford, who might have been thrown in as a sort of make-weight—or Drs. Post or Detmold against Dr. Mott. We are not unreasonable or illiberal by any means, and therefore, without the least hesitation, we admit that the Faculty appear to have a good deal of tact. Indeed, we would be surprised if they had not. More than one of their number have had ample opportunities of becoming acquainted with that profound science of manœuvre which seems to be so essential to the success of a Professor, in this latter day of rectitude and honor.

But, after all, the cunning of the Faculty is, in the present instance, somewhat on a level with the marvellous sagacity of the goose, which, having concealed its head under its wing, fancied itself quite secure from observation. The Faculty have committed a blunder. Let them correct it immediately, and act more cautiously in future. We feel much interested in their welfare, and hence our solicitude to warn them of the danger of improper conduct. 'He that spares the rod, hateth his child.' We would be greatly grieved if this infant establishment, which has scarcely yet been released from its swaddling-clothes, should suffer the fate of the unfortunate babe overlaid by a mother too fond of gin. We affectionately implore our revered brethren of this Faculty, to act with some degree of liberality, and make, at all events, some show of fulfilling those meritorious promises of generous exertion with which, four months ago, they commenced their career. We tenderly entreat them to cease all petty private bickerings, and feelings of professional rivalship. We know little difficulties will sometimes occur, as the proverb hath it, 'even in the best regulated families;' but our friends have had some experience in the world's pleasant ways, and we trust they will apply it in amicably endeavoring to settle their domestic squabbles. They are peculiarly situated indeed, and we would be very unwilling to refuse them that charitable consideration, which men in delicate and difficult circumstances demand at the hands of the tender-hearted, to which class we belong. We would, then, rather offer encouragement, than administer reproof—we would advise, rather than rebuke. Let the Faculty now prepare another elaborate announcement of the immense facilities for Clinical instruction, and attendance on Hospitals, which they can afford to the student, and circulate it as extensively as possible—some will doubtless believe this, although they do happen to read it in these gentlemen's announcement. We are contributing our share, in the publication of the lectures of Dr. Mott, in whom the other members of the Faculty, with great justice, repose all their hopes of the prosperity of the institution. Now that the profession, by our humble instrumentality, are enabled to form a correct estimate of Dr. Mott's abilities as a teacher, would it be at all surprising, if one thousand students were next winter attracted to the school of which he is the distinguished ornament? (!!)

The Insane Asylum on Blackwell's Island.

Last week we visited this establishment, which contains at present upwards of three hundred patients, the great majority of whom are paupers. The building is inadequate for the proper accommodation of so many inmates, and additional room is much wanted. Notwithstanding this disadvantage, the appearance of the house and its unfortunate inhabitants, reflects great credit on the excellent Superintendent, Dr. McLelland, whose qualifications for the efficient discharge of his trying duties, are of the very highest order.

Amongst the inmates, we found one who was long known in New York as the 'Crazy Poet.' And was McDonald Clarke a poet? He was. Scattered over his rambling, wild, and incoherent rhymes, there are very many utterances of the most genuine poetic spirit, shining like grains of gold in the unsifted sands of Pactolus. What memorable chronicles are these stray leaves of the heavings and strugglings of a bosom burdened with that

> 'Something still that prompts th' eternal sigh!'

We are unacquainted with the early history of poor Clarke, and know not the cause of the 'rooted sorrow' which was so intelligibly written on his fevered brow. We have heard that his mind received that shock from which it never recovered, from his being unfortunate in love. But whatever were the causes that had laid his mind in ruins, and driven him forth an outcast on the face of the earth, we can never forget the air of inexpressible misery, which had settled itself on the once fine face of the wandering poet, and proclaimed the power of that heart-ache,

> 'Which wears
> Young spirits into gray despairs!'

As we stood by the lowly couch of the homeless poet, we saw that he was dying. He looked terribly worn and wasted. His voice was nearly gone, and the hand of death pressed heavy on his eyelids.

'Raise me up—raise me up—higher—higher!' he uttered, in a whisper, and stretched upward his wasted hands, as if he were seeking the unreached paradise of his delirious dreams.

'Ah! my head—my head—it will burst—oh! it will burst!' he again exclaimed, in tones so heart-rending as might have melted a heart of stone.

'Will you not eat—I have got a nice custard for you?' said the humane and affectionate physician of the Asylum.

'Oh! no! no!' replied the dying poet; and his pallid features, clammy with the dews of death, assumed a slight expression of disgust. Quite exhausted, poor Clarke then sunk into an uneasy slumber. As we prepared to leave the apartment, the rays of the declining sun streamed through the half-closed casement, and fell with a hallowed radiance on the bed of the departing poet. It seemed a message of peace and joy from heaven! With moistened eyes and a heavy heart, we turned towards the door and hurried from the scene.

In a few hours all was over. The poor sufferer continued to sink, and peacefully expired on the following day.

> 'After life's fitful fever, he sleeps well.'

But eheu! we have forgotten that we are writing for a scientific journal, and must crave pardon of our courteous readers, as well as of Dr. McLelland, to whose judicious management of his patients we must hereafter endeavor to render some degree of justice.

Dr. Forry's Lectures.

We have not met, for some time past, with any discourses which have afforded us more gratification than those of Dr. Forry, on a topic which has hitherto been comparatively and unaccountably neglected. Unlike a great many lecturers, Dr. Forry has thoroughly mastered his subject, and brings to the work of its elucidation mental faculties well disciplined in habits of correct reasoning, powers of calm and patient investigation, and a great facility of accurate expression. And our friend is not one of those

> 'Who study nature with a wanton eye,
> Admire the work, and slip the lesson by;'

for he lacks neither the ability nor will to educe the appropriate moral, which true Philosophy presents with all her teachings.

From the two lectures we have published, our readers may be enabled to form some opinion of the character and value of the elaborate volume by Dr. Forry, on the 'Climate of the United States,' which is now on the eve of publication. In this work, the author occupies hitherto untrodden ground—if we may apply such a lowly metaphor to labors for the most part amid the clouds. But we have at present no systematic treatise on the climate of our country, and Dr. Forry's book will, we are confident, well supply this desideratum. Immediately after the publication of the volume, we will receive a copy, and we shall embrace the earliest opportunity of introducing it to the notice of our numerous readers.

We have hitherto refrained from repeating any of the goodly words spoken of the *Lancet*, but we have been tempted to break through our rule on finding the following brotherly notice in a recent number of the 'Boston Medical and Surgical Journal':—

> 'New York Lancet.—Although this new candidate for public favor has been some weeks in existence, the numbers have but recently been received at this office, and therefore we have hardly yet had an opportunity of reading them. In the mechanical execution there is neatness and a good arrangement of the materials. The type is very good, and the paper desirably firm. At present, the articles are placed in double columns, which gives a finished appearance to the page; but this mode of constructing pages has been pretty much abandoned by the medical journals in this country, mostly because, when bound, the essential parts of the journal become a library book, and its pages are altogether more convenient for being like those of an ordinary book. This, after all, is a mere matter of individual taste, and has no more to do with the merits of a periodical, than with the volcanoes of the moon. The editor is J. A. Houston, M. D., who certainly gives abundant evidence of an active mind, and we doubt not that time will show him to be a bright star in the western hemisphere. Being disposed to live harmoniously with all mankind, preferring peace to war, and the social courtesies of life to a wrangling, fault-finding acquaintance, we congratulate new comers upon their prospects of success, and cordially proffer our services to promote their laudable undertakings.'

We cordially reciprocate the good wishes of Dr. Smith, whom we rejoice to have added, a day or two since, to our list of personal friends, and assure him, in all humility, that those who know us best, will admit that we are as averse to 'wrangling and fault finding,' without cause, as we would desire to be resolute in the defence of what we deem right, and uncompromising hostility of what our reason, such as it is, convinces us is wrong.

As for our 'page,' we are sure our readers do not find fault with its dimensions—it contains about five thousand 'ems'—whilst each page of the other journals referred to, contains about sixteen hundred.

Twenty-fourth Annual Report of the Physician and Superintendent of the McLean Asylum for the Insane, to the Trustees of the Massachusetts General Hospital. By LUTHER V. BELL, M.D.

The 'McLean Asylum' ranks, we believe, among the oldest establishments for the treatment of the insane in this country. The number of patients under the care of Dr. BELL during the past year was two hundred and eighty-three. Of these seventy-five were discharged 'recovered'—'much improved,' eleven—'improved,' thirteen—'not improved,' twenty-nine—and at the end of the year, there were remaining in the asylum, one hundred and forty-two. Dr. BELL very justly entertains a very strong suspicion of the accuracy of conclusions drawn from the so-called *statistics* of circumstances relating to the insane, and he very properly deprecates the attempts not unfrequently made 'to give a numerical expression to incidents having no mathematical relations,' as calculated to convey very erroneous impressions.

I have ventured, says Dr. B., the opinion that very few and trifling facts relating to insane hospitals, are capable of numerical expression *bonâ fide.* Even the *profession* or *vocation* of patients cannot be specifically stated in a vast many instances without going into the whole personal history of the individual, which of course could not be expressed in a *table.* As to the *causes* of disease and its *duration* before admission, I must give my testimony, that although receiving patients principally from the better educated and most intelligent classes of society, and from the proximity of the residence of most of their friends to the Asylum being in such constant communication, as enables us to ascertain and verify antecedent facts to the highest practicable extent, there is not one case in ten where a satisfactory or adequate single cause can be decided upon as certain, and I suspect that in a majority of cases, the first impressions of the probable causes of disease, as derived from friends, will be changed on more mature examination. As to the *type* or form of disease, every one familiar with the insane knows that the character of the disease is constantly changing, many cases for years having no form so prevailing or usual as to justify its being ranked under one head rather than another. Even the annual return of '*deaths*,' a subject which one would suppose capable of accurate, unqualified expression if any were, will vary much not only as affected by the care and skill of an institution or its healthiness of position and arrangements, but by the views which may be entertained of the expediency of permitting the sufferer to spend the last weeks or days of expiring life among kindred or without removal. The returns '*much improved*' and '*improved*,' are obviously mere expressions of opinion, without any settled standard by which a supposed amelioration can be measured so as to convey any precise meaning except to the mind which judges and decides upon the given case, and the term '*recovered*,' apparently sufficiently plain and intelligible, is far from conveying an exact unqualified idea. Indeed, it is far from an easy duty to make out a list of those who form the recovered. The degree of mental, moral, and affective soundness is widely various. In contrasting the results of one institution with another, or with a different period of the same, there is a radical uncertainty from the rules and rights of detention or dismission. In a hospital having the legal power of detaining the patient until in the director's judgment he is recovered, those who have passed over four-fifths of their progress towards restoration, will not as in an Asylum under different regimen, be removed by impatient or presumptuous friends to add to the number of 'much improved' only. In such a case, it is the opinion or rather the will of friends, that determines the return of 'recovered,' or 'much improved.' As a matter of comparison, this branch of statistics is still more likely to lead into error. * * * * * The register, too, of any institution will not fail to present many instances of 'recovery,' which have 'recovered' before, and that perhaps repeatedly, cases often of periodical disease arriving at a certain state of soundness, perhaps complete, but not permanent. It is possible that a single case of this kind might constitute several recoveries in a single year! This would readily happen if the sufferer's residence were so near an institution that he could be removed when in his rational stage from its care, and be replaced when a paroxysm of excitement or depression supervened. Every Asylum has its proportion of these frequent comers. If entered anew each time of relapse, and discharged as 'recovered,' in the ratio or per centage of recoveries, especially in an institution discharging not more than fifty or a hundred patients annually, the effect would be ludicrously obvious. A single illustration in this matter of statistics will show how easy it is 'to keep the word of promise to the ear, but break it to the sense.' An eminent English naval officer in his book of travels in the United States, shows his estimate of the high character of our institutions for the insane, by referring to the statistics of one where the ratio of recoveries is given at 91 7-8 per cent. This statement was doubtless literally accurate. Every work on insanity since issued from the press abroad, comes to us repeating this fact without comment. Will it be credited that this ratio, apparently so precise and minute as to descend to fractional parts, was based on the event of twenty-three cases, discharged in one year, (*recent* cases too, not of a year's but of six months' standing,) twenty-one of which recovered! *Percentages* were deduced from less than a quarter of a *hundred* units.

In these views, so properly expressed, we entirely concur, and trust that the salutary caution they convey, may have extensive operation. Statements and opinions, when apparently supported by elaborate tables, arranged with all the formidable precision of arithmetic, have tremendous influence; hence arises the necessity of subjecting to rigid examination alike the principle and details of statistical tables, which are a good deal the rage, at present.

The number of lunatics with a suicidal propensity, received into this asylum, have been very numerous; but only in one case was there this melancholy termination of the patient's sufferings, and in this solitary instance the fatal result was to be attributed to the exhausted condition of the aged patient, after what would ordinarily have been but a slight attempt at self-destruction. After a few forcible remarks on the relative value of medical and moral treatment, and after having briefly but succinctly described the most prominent points included in the latter, Dr. BELL administers a rebuke which applies to too many perhaps well-meaning, but injudicious friends of the insane, who instead of dealing honestly with them, endeavor to induce their compliance with the measures adopted, by duplicity and false representations.

Dr. BELL makes a passing but expressive allusion to the 'fatal error of cheap hospitals,' and hopes that it may be avoided in the provisions now making throughout the country for the insane; he refers to the importance of securing the services of an adequate number of properly qualified assistants, who should be sufficiently remunerated, and not be regarded as mere 'keepers' or servants; and concludes his valuable and well-written report, by alluding with much feeling to the triumphs of humanity and skill in the treatment and care of the miserable maniac.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School.

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, March 7.

A great number of cases were presented on last Monday; among them one of hare-lip, which was operated on by Professor PARKER with his accustomed dexterity. Several excellent practical remarks were made on the cases, but nothing of sufficient novelty or importance to demand particular notice here.

FROM DUNGLISON'S MEDICAL LIBRARY.

Remarks on the Treatment of Intermittent Fever.

BY DR. JOS. J. B. WRIGHT, U. S. A.

The writer has not in his possession a record of the cases of intermittent fever, which have been the subject of his charge during the last seven years, but he is safe in saying, that the number amounts to some thousands. In regard to the quæstio vexata—of the expediency of administering medicines addressed to the primæ viæ, preliminary to the exhibition of the article having direct control over the paroxysms, his experience teaches that such precautionary measure is not so indispensable to the *interruption* of the disease, as was once believed. He has instituted sundry experiments, at different times, and under a variety of circumstances, with intent to get at the truth on this subject. All his inquiries persuade him that, very often, the time occupied in this preparatory process is, in effect, thrown away. When the symptoms manifest a deranged state of the stomach and bowels, of course this condition must be removed, by the appropriate medicines, in limine. Occasionally we meet with a subject of this form of disease, the tone of whose system we are required to reduce by bloodletting, in advance of the exhibition of remedies during the interval; but in a great majority of cases we will best succeed in abbreviating the sufferings of the patient, by entering at once on the use of the bark, or other article selected; for it will be found in those localities where the disease prevails most extensively, that we will not derive compensation for the suffering, involved in the repeated returns of the paroxysm, whilst we are preparing the system for the anti-febrile remedy, in any diminished liability to its recurrence, when it shall have been interrupted. An exception may be made to the above statement, in favor of the doctrine of critical days, or the alleged tendency of this disease to septenary periods, both in its approach and subsidence. I am well satisfied, that this quality is one of the elements which make up the character of intermittent fever; having in repeated instances secured to patients a greatly prolonged term of comparative health, by avoiding all interference, where extraordinary indications did not exist until the day preceding the seventh, in quotidian, and the fourteenth in tertian, from the date of the attack, when I have been in the habit of exhibiting the quinine, in doses of from ten to fourteen grains during the twenty-four hours; and when the patient has been subject to repeated attacks, on slight exposure, I have given the article in the quantity above indicated, on the sixth and thirteenth days (according to the type of the affection) after the last paroxysm, seemingly, at least, with the effect of preventing a recurrence of the chill for several weeks.

In all the types of intermittent fever, I have relied mainly on quinine, giving it in the shape of super-sulphate, in solution. It is exhibited usually in divided doses, during the apyrexia.

It is no mean praise of the article to say, that I have never witnessed its failure to put an immediate stop to the disease after the second paroxysm; in ninety-nine of an hundred instances, there is no return of that *series* after the exhibition of the quinine.

I have given a fair trial to all the various articles recommended as substitutes for the bark, but though many of them will certainly arrest the paroxysms, in time, none are entitled, in my estimation, to respectful notice, in comparison with this ipse agmen.

The tourniquet practice has failed in my hands, and the plan of bleeding in the cold stage has not, under my observation, been productive of the almost miraculous cures, which Mackintosh, and others, give it credit for. I will confess, that I entertained from the first strong prejudices against the measure, though it came highly recommended by authority; and it is perhaps due to that authority to admit, that the idea comported so illy with all my pathological notions, in relation to the disease, that I have not frequently resorted to it. I am familiar with the ratiocination, by which the advocates of the practice explain the removal of the blood, in the congested viscera, but to my mind, it is not satisfactory. If that portion of the venous system, distributed upon the surface and extremities, was in a state of repletion, it might be alleged that by abstracting its contents, the blood, accumulated in the internal organs, might be coaxed to the periphery, to supply the approaching vacuum, resulting from the abstraction, and that thus, the balance of circulation might be restored.

In the cold stage of intermittent fever, and in the congestive fevers, of which it is the type, the sanguiferous system of the entire surface, and extremities, is in a state of comparative emptiness. This vacuity of these vessels is in truth an essential condition of the pathological state which exists—the measure recommended is calculated, in its very nature, to aggravate this symptom, and, to my comprehension, it is not apparent how it can relieve the suffering organs, constituting the seat of the congestion. I am aware that I incur the imputation of medical heresy, but I repeat that the process of reasoning, by which authors enforce the advice to bleed from the arm, in congestion of the larger viscera, has never seemed to me even plausible; and moreover, a frequent resort to the practice, in forms of disease in which congestion gave character to the case, has not tended to dispel my misgivings of the soundness of the doctrine. I can readily conceive that in those cases which have ultimately terminated happily, in my hands, reaction was due to the warmth externally applied—the extensive counter-irritation of the surface, and the remedies addressed to the stomach and bowels, rather than to the venesection,—I had almost said, in spite of it.

It may be true that abstraction of blood, during the chill, where the vital forces are not oppressed beyond the power of successful resistance, may moderate the subsequent reaction, and thereby, in some instances, contribute to the cure; but a very large majority of our patients, in sections of the country where the disease prevails to its greatest extent, will not bear with impunity such subduction of vital energy as is implied in the operation. The danger of increasing the hydropical diathesis in most of the protracted cases is not, I conceive, the least evil to be apprehended from the practice.

Chimney-Sweepers' Cancer.

Case 1.—W. C., aged 24, was admitted July 22; the same surgeon. Is a chimney-sweeper, having been apprenticed to the trade at the age of seven years.

It was two years ago when he first perceived a wart on the left side of the scrotum; this increased slowly, until it attained the size of 'the top of his thumb.' It was very prominent, and accompanied by frequent lancinating pains. Five weeks ago the surface broke, and discharged a quantity of offensive matter, leaving an open ulcer. On admission, the sore, which was as large as a crown-piece, presented the usual characters of cancer of this part; the surface was smooth and florid, with the edges prominent and much everted; the discharge sanious, and rather fœtid. The base was indurated, but no where adherent to the testis, which, with the cord, was perfectly free.

The inguinal glands, however, were much indurated, and have been the seat of lancinating pains since the ulceration.

July 26. Mr. Liston proceeded to remove the affected parts, and decided on including the glands in the groins, which were most probably involved in the disease.

An incision was made round the ulcer, and the included parts dissected away down to the tunica vaginalis ; the incision was then carried outwards along the flexure of the groin, so as to expose the lymphatic glands. These were also dissected out carefully, but with some difficulty, owing to the glands being matted together, and having deep connections.

After the ligature of a few small vessels, lint dipped in cold water was applied, and when all oozing had ceased, the edges of the wound were approximated by some points of suture and strips of isinglass plaster, assisted by position of the limb.

28. Union has entirely failed, owing to the inflammatory swelling of the part, and effusion of bloody serosity, the edges of the wound are much separated, and there is copious serous discharge. Sutures and plasters to be removed, and warm water dressing applied.

30. Suppuration is fairly established. Zinc lotion applied, and compresses on each side of the wound in the groin, with the spica bandage. The scrotum well supported.

August 7. The wounds have granulated quickly, the tunica vaginalis being entirely covered in by the scrotum.

17. The parts are now entirely healed. The patient to be discharged.

Case 2.—James O——, aged 34, was admitted August 5, also under Mr. Liston. Is a sweep by trade, and acknowledges that he has always neglected to wash the soot off his scrotum. He first perceived a small wart on the right side of that part near the raphé, which gradually increased ; and five months ago the surface cracked, and became covered with a thin crust, which separated, and was followed by others, until ulceration took place. He has suffered only slight aching pain.

On admission, the sore had precisely the same appearance as that in the preceding case, only that it was rather smaller, and the inguinal glands were unaffected.

August 6. Mr. Liston removed the diseased parts in this case, by raising them in a fold of the scortum, transfixing this and cutting to the surface on each side of the ulcer. Two other warts were afterwards removed, and lint dipped in cold water applied. No attempt was made in this case to obtain union, and the wound suppurated freely. Tepid water-dressing, and the parts well supported.

17. The wound has nearly healed. To be discharged.—*Lond. Hosp. Rep.*

On Certain Structures in the Orbit, and an Improved Method of Treating its Diseases.

BY J. M. FERRALL, ESQ., M. R. I. A.,

Member of the Royal College of Surgeons in Ireland, and 1st Medical Adviser in ordinary to St. Vincent's Hospital.

[One of the most interesting papers which have lately appeared in the British Journals, is that by Mr. Ferrall. It places in a new light some interesting appendages of the eye, and enables us to treat some of its diseases with more confidence than we have hitherto been able to do. In the year 1835, Mr. Ferrall was called to see a patient laboring under a most painful affection of the eye. He had been without sleep for more than forty-eight hours. The pain was in the ball of the eye, forehead, and temple, and of a most racking and intense kind. The eye evidently projected three-quarters of an inch beyond its fellow ; the lids were swollen and œdematous, and of a dusky red color. The conjunctiva of the globe was protruded all round the cornea in the manner of chemosis, but its color was not red nor vascular ; it had a pale amber color and manifestly was distended by serous infiltration. The cornea and iris were perfectly healthy.

Bleeding and other severe antiphlogistic treatment greatly relieved for a time, but he was not permanently relieved till the system had been affected with calomel.

Now, what was this affection ? The eye was perfectly healthy, the disease was evidently in the appendages. There was neither corneitis, sclerotitis, iritis, nor retinitis. At first sight it seemed like periostitis, but one difficulty presented itself to this explanation : when the upper third of the superior eye-lid was pressed in such a manner that the pressure was directed backwards towards the apex of the orbit, the sufferings were greatly increased ; but when it was directed upwards towards the periosteal covering of the roof of the orbit, the patient did not complain. Besides, periostitis would hardly produce this projection of the eye. On account of the difficulty of coming to a just conclusion on the nature of this case, Mr. Ferrall resolved to examine the anatomy of the eye-ball more minutely. He found that a distinct sheath existed around the globe, which protected it from the unnecessary action of the muscles, and also assisted the muscles in their offices ; and it was evidently this sheath, which he names the *Tunica Vaginalis Oculi*, which was affected in the foregoing case. He says :—]

Having separated the divided conjunctiva, we expose not as has been described by anatomists, a cushion of adipose tissue, but a distinct tunic of a yellowish whith color, and fibrous consistence, continuous in front with the posterior margin of the tarsal cartilage, and extending backwards to the bottom or apex of the orbit, where its consistence becomes less strongly marked. By proceeding in the manner I have mentioned, the parts are displayed without any elaborate dissection. The sharp end of a probe, or director, will be sufficient to separate the ball of the eye from the new organ, by breaking gently the fine cellular tissue which connects them. Its color is totally different from that belonging to its external surface, and it is here perfectly smooth, where the eye glides over it in its movements. The muscular substance of the recti muscles is no where visible, they lie on the outside of this tunic, which insulates and protects the eye in the most perfect manner.

The most beautiful portion of this mechanism, however, remains to be described. In the concavity of this tunic, and about half an inch posterior to its anterior or orbitar margin, are to be found six well-defined openings, through which the tendons of the muscles emerge in passing to their insertion in the sclerotic coat, and over which they play, as over pulleys, in their course. The tendons are loosely connected to the edges of those apertures by fine cellular tissue, which opposes no obstacle to their gliding movements.

The physiology of this tunic, which I have ventured to term the *tunica vaginalis oculi*, will be conveniently considered in relation to each of its separate offices, namely, as an investment and protector of the globe of the eye, and as regulating the direction in which the muscles of the eye are to exert their force. In either of those capacities, this new and beautiful apparatus (independent of its pathological importance) appears to possess a physiological interest, entitling it to a high place, among the many evidences of design, with which the animal frame abounds.

The uses of this tunic, as a covering, will be obvious from a brief consideration of the inconveniences to which, without this protection, the eye would be subjected during the action of its muscles. These muscles, it has been invariably taught, were in close contact with the globe of the eye, on their passage to their insertion, the interspaces being occupied by the fat of the orbit. This description of the parts, which is to be found in the works of the best authors, implies, that during the frequent action of its muscles, the eye must sustain a pressure as great and as suddenly applied, as the movements of the organ are rapid and energetic.

Now, according to the received anatomy of the orbit, the globe of the eye is grasped with the recti muscles in such a manner, that they must, during their action, exert upon it a sudden pressure analogous to that described by Sir Charles Bell. And when we consider, that between their origin and insertion they include the most prominent portion of the eyeball, it is obvious that the sudden swelling of their bellies during their action, (proverbially known to be as quick as thought,) must have produced a flash of light, if no protective partition had existed between them. *The use, then, of this tunic as a covering, appears to be, to separate the eyeball from its muscles, and to protect it from pressure during their action.*

[The following case illustrates what Mr. Ferrall calls 'Rheumatic inflammation of the tunica vaginalis oculi,' with protrusion of the eye :—]

Laurence Grant, æt. 32, a carpenter, of dark complexion, and rather strong constitution, presented himself at St. Vincent's Hospital, in February, 1838, on account of violent inflammation and protrusion of the right eye. The globe of the eye projected considerably beyond its natural situation ; the cornea and iris were healthy in appearance, but vision was much confused. The conjunctiva projected remarkably around the cornea, but its color was pale amber, and without any trace of vascularity. The eyelids were both swollen and red ; the lower part of the upper lid was so much tumefied, that the ciliæ appears to grow at an unusual distance from each other; and its transverse diameter was considerably increased. The color of the lid was of a dusky red, and its surface was marked by a number of distended veins. Although the swelling of the palpebra had increased its vertical diameter, and caused it to descend, the protrusion of the eyeball was so great as to cause it to be uncovered. From the superciliary ridge to the inflamed portion of the eyelid, an interval could be seen, where neither redness nor swelling existed. The space was about half an inch broad, and extended the whole length of the lid transversely.

He complained of agonizing pain in the ball of the eye, and felt as if it were 'dragged out of the socket.' This latter sensation he described as never ceasing; but the pain was liable to sincere exacerbations. He seemed to derive some comfort from keeping the palm of his hand pressed moderately against the whole tumor, although he could not bear the finger of another to be laid upon it. The upper portion of the superior palpebra, which was free from redness, could however bear pressure, provided it was not made suddenly, or so as to shake the whole lid, and that the pressure was directed upwards towards the roof of the orbit. When asked, he admitted that he perceived an occasional flash of light before his eye; but this appearance was more frequent in the beginning of the attack. It was now five days since the complaint commenced. He went to bed free from pain in the eye, and was disturbed about three o'clock in the morning. He had been unable to work for the last week from rheumatism in his knees and legs; the limbs were improving at the period of the recent attack. He had rubbed the parts affected with turpentine, but had used no internal remedy. There was still remaining slight fulness from effusion into the capsule of the left knee-joint, and tenderness with tumefaction about the middle of the right tibia.

This man had suffered severely from syphilis six years before, and had used mercury largely. He was now married, but his habits of intemperance, as regarded the use of ardent spirits, were little altered.

The temporal artery was opened, and sixteen ounces of blood removed, with relief. The improvement, however, was transient, and the pain returned almost immediately. The hospital being quite full at the time, and his lodging near, and not uncomfortable, he was allowed to take his medicine at home. Calomel and opium, three grains of the former, and half a grain of the latter, were administered every third hour.

There was very little amendment until the constitutional effects of the remedy were established. This happened on the fourth day, when the disease began to give way. The pain first diminished, the eye then reddened, and the redness gradually disappeared. The tumid condition of the palpebra, and the distorted appearance of the eyelashes, were the last to yield. When the disease in the orbit was removed, it was found that the tenderness and swelling of the knee and tibia were also gone.

[The following case illustrates rheumatic inflammation of the tunica viginalis oculi, protrusion of both eyes consecutively, and cure by hydriodate of potass :—]

Mary Smyth, æt. 48, was admitted into Joseph's ward, April 16, 1840, on account of rheumatism, with effusion into the capsules of both knee joints. She was a fat, unwieldy person, and was rendered quite helpless by the synovitis, although enjoying tolerable health before the attack. No other joint was affected, and she was free from fever. Some degree of restlessness attended the pain; and the renal secretion was scanty and high colored. Fomentations were employed after the application of leeches, and colchicum administered internally. At the end of a week, and when the swelling was nearly gone, she complained of acute pain in the right eye. There was no appearance of inflammation during the first twenty-four hours, and it consequently attracted little attention, except that an active cathartic was exhibited. On the second day, the upper eyelid was inflamed and swollen, and the ball of the eye was observed to project a little; the pain was increased, and she was annoyed by occasional flashes of light before the eye. Blood was taken from the temple by cupping, and antimonials and purgatives were prescribed. She passed a wretched night, suffered great agony; and the next day, the phenomena of the disease were fully develoded. The eyeball projected three-quarters of an inch; the cornea and iris were healthy, and looked brilliantly clear in the midst of a very prominent chemosis. The color of the latter was a yellow amber, without any vascularity or redness. The lids were swollen but did not cover the eye; the upper lid presented the dusky red color and tumid appearance described in the last case. The superior portion of its surface, or that next the superciliary ridge, did not participate in this change, and the two portions were separated by a very abrupt line of demarcation. Pressure on the upper division, when directed upwards towards the roof of the orbit, produced no pain. She could see as distinctly with the affected eye as with the other. The resemblance to the other case was too striking to be overlooked; and as it was obviously not an affection of the periosteum of the orbit, and yet was connected with rheumatism, there could be little hesitation in making a diagnosis. I was desirous to know whether any other fibrous tissue was engaged, and therefore requested Mr. M'Sweeney, the gentleman who noted the case, to uncover the tibiæ. Here, although she had not noticed it to us, we found distinct swelling, and great tenderness over the left tibia, about an inch below its upper end. She then admitted that it gave her considerable pain, but her sufferings in the eye were so much greater, that she disregarded it altogether.

Being at this time satisfied, from researches already published, of the superior efficacy of the hydriodate of potass in periostitis, I determined to trust to it alone in combating this formidable disease; but as the organ of vision was in danger, I directed that this powerful salt should be administered at shorter intervals than usual. Ten grains were given every third hour.

At visiting hour next day, she had taken seventy grains of the hydriodate. She declared herself better, and suffered much less pain, but we could not perceive much difference in the eye. On the day following, however, every person who saw her was struck with the improvement: the whole tumor was greatly reduced; the ball of the eye had receded considerable; the chemosis was lessened, and the swelling as well as redness of the lids was diminished. On the fifth day from the commencement of the treatment, there was hardly any trace of the complaint, and the medicine was therefore discontinued. The tibia had now also recovered its healthy state, when, just as we congratulated ourselves on the rapid subsidence of so severe an affection, the left eye became the seat of pain, and in thirty-six hours presented all the symptoms of the disease. The same protrusion of the eyeball, the same chemosis and swelling of the palpebræ, and, as in the previous attack, the same integrity of vision and intolerance of light. The hydriodate of potass was resumed in doses of fifteen grains every third hour, with a resolve to persist in its use (if it succeeded) for some days after the disease appeared to be removed.

On the day following, I had the satisfaction to perceive that the symptoms had received a check; and in three days more, to find them altogether nearly removed. The hydriodate was continued in diminished doses, and gradually lengthened intervals, for ten days after every symptom had disappeared.

Protrusion of the eyeball, which, when attempted to be explained by uncomplicated periostitis, requires some stretch of imagination, appears a very simple and inevitable result of inflammation of the tunica vaginalis oculi. There are here no soft parts to receive and divide the pressure, or protect the globe. The tunic is supported by other fibrous layers on the outside, as well as by the muscles of which they constitute the sheaths. Inflammation of this capsule must then be immediately followed by pressure; and when we recollect its conical form, and that, as happens in case of inflammation of other fibrous tissues, effusion at once takes place into the cellular membrane connecting it to the ball of the eye, we perceive there is nothing to prevent the dislocation of the latter.

This effusion into the cellular tissue will make itself evident in another way. The conjunctiva at the place where it forms the fold, in being reflected from the eyelid to the eye, closes up the tunica vaginalis in front. At this point it will not only receive the pressure of the effused serum, but will become separated from its connection with the sclerotic coat, by the extension of the infiltration; hence the amber-colored chemosis without vascularity of the conjunctiva. Chemosis originating in conjunctivitis always presents, in addition to serous infiltration beneath, one or other of the forms of hyperæmia. The chemosis of which we treat is, in uncomplicated cases, the consequence of effusion from a deeper source. I can easily imagine the extension of inflammation from the fibrous structures of the lid, to its conjunctival surface, and thence to the sclerotic conjunctiva; but this complication did not occur in the case which I have related.

In distinguishing those cases, I would not be supposed to mean, that inflammation of this tunic is a disease apart, and never combined with a similar condition of the periosteum or cellular tissue, on the one hand, or inflammation of the eyeball itself, on the other. I am aware they may exist together, for I have seen such cases. All I mean to assert is, that inflammation of the tunic described, may be the primary affection, and the point of departure from which the diseased action may spread to the other fibrous layers in the orbit, and finally reach the periosteum; and that the attack may even be limited to the tunica vaginalis oculi—that it may here produce a train of symptoms of the most dangerous kind, and which have been hitherto supposed to reside in the periosteum, because the existence of other fibrous membranes in the cavity was not suspected.

[Mr. Farrell ends his interesting paper by the following summary :—]

The reflections suggested by a review of the cases which led to the present inquiry, as well as of this new and curious mechanism itself, may be reduced to the following propositions:—

1st. That the description of anatomists, which places the globe of the eye in contact with the fat and muscles of the orbit, is erroneous.

2d. That there exists a fibrous tunic, investing and insulating the eyeball, and separating it from all the other structures in the orbit.

3d. That the uses of this tunica vaginalis oculi are, to present a smooth surface, facilitating the movements of the eye; and by its density and tension, to protect it from the pressure incidental to the swelling of its muscles during their action.

4th. That the openings in this tunic perform the office of pulleys, giving a proper direction to the force exerted by the muscles,—securing the motions of rotation, and opposing those of retraction, which would otherwise predominate.

5th. That certain cases of disease within the orbit, accompanied by protrusion of the eyeball, are to be explained, only by reference to the tunica vaginalis oculi, and the other fibrous tissues now described.

6th. That a correct knowledge of the philosophy of the orbit and of the fibrous structures alluded to, is essential to the operating surgeon, in dealing with abscesses and tumors, in extirpation of the eyeball, in the operation for strabismus, and all operations of that cavity.—*Dublin Journal of Medical Science.*

Remarks on the Treatment of the Bites of Venomous Serpents.

BY HERBERT MAYO, ESQ., OF LONDON.

The theory of the treatment of persons bitten by venomous serpents, if we may rely upon the testimony we have before us, and it has not been questioned, is now perfect. It only happens, unluckily, that such wounds are ordinarily incurred at a distance from medical advice.

In the first place, it is analogically certain, from the experiments of Sir David Barry upon dogs, rabbits, and pigeons, intentionally exposed to be bitten by vipers, that the prompt application of a cupping-glass over the wound will entirely remove the poison. The textures around the wound, which have imbibed the poison, may have it thus washed out of them by their own juices, that are forcibly sucked through them and out of the system by the cupping-glass.

But the part bitten may be one to which a cupping-glass cannot be applied, the edge of the hand, for instance: in that case there is little doubt that strong suction with the lips and teeth might effectuate much of the same purpose.

Again, if a finger be the part bitten, either its instant removal at the joint below, or, as a temporary means, a string drawn round it so tightly as to strangulate it, and stop the circulation.

Nor are these means to be neglected because the poison is already beginning to work its effects. The effects continue seemingly to be heightened through the diffusion of more virus from the wound, to which, therefore, the local treatment above recommended is still applicable.

The great desideratum, of course, is a means of strengthening the constitution to bear up against the deleterious agency of the virus—an antidote to the poison. Such an antidote appears to have been discovered by Mr. Ireland, who published, in the Medico-Chirurgical Transactions, an account of its success in four cases of the bite of the coluber carinatus. It consists in the exhibition of large doses of arsenic.

Mr. Ireland mentions, that when he went to St. Lucia, he was informed that an officer and several men belonging the 68th regiment, to which he was attached, had died within a few months from the bites of these destructive animals; that every expedient known had been tried by the medical men, but to no purpose, as all the persons bitten had died, some in six, and others in about twelve hours. This led him to recollect and to avail himself of a suggestion of the late Mr. Chevalier, founded on the reputed efficacy of the Tanjore pill, which is understood to contain arsenic. A trial of this remedy was accordingly made on the first person bitten after his arrival. The arsenic was administersed in the form of Fowler's solution, two drachms of which were mixed with ten drops of laudanum, in peppermint water, half an ounce of lime-juice being added, to form a dose that was taken every half hour. The patient took eight doses. In the meantime the swollen hand and arm, and breast of the wounded side, were frequently fomented with common fomentations, and rubbed with a liniment composed of ol. terebinth, ʒss.; liq. ammon. ʒss.; olei oliv. ℥iss. The cathartic clyster was repeated twice, when the patient began to be purged: the arsenical medicine was now discontinued. He had become more sensible when touched; and from this time he gradually recovered his faculties: he took some nourishment, and had several hours sleep. The next day he appeared very weak and fatigued. The fomentations and liniment were repeated. The swelling diminished gradually; the natural color and feeling returned; and by proper dressings to the wound, and attention to the state of his bowels, he soon recovered and returned to his duty. In the second case described by Mr. Ireland, eight two-drachm doses of Fowler's solution were likewise given. In the third and fourth, six only. Mr. Ireland mentions a fifth case that occurred subsequently in Martinique, where the bite was that of a different species of serpent, but reputed to be equally deadly. This case recovered by the same means; and it does not appear that the remedy was tried, under Mr. Ireland's observation, with a single failure.

The appropriate treatment of the second period, or that in which the patient has survived the immediate impression of the poison on his constitution, and has to contend with gangrene, and extensive suppurations and the debility consequent thereon, may be supposed to differ from that necessary in cases where the same local affections are in progress from other causes in this only, that the debility, being from a specific cause, may be specially benefitted by the continuance of the antidote in reduced doses.

For the bite of the viper in this country, ammonia internally, and sweet-oil and ammonia to the wound, are the prescriptive remedies, which the methods recommended by Sir David Barry and Mr. Ireland should now supersede. It is surprising that no one seems to have adopted Mr. Ireland's practice, or to have tried it experimentally in animals.

How to make Copaiba into Pills.

Take—Balsam of Copaiba, 5 parts; Bicarbonate of Magnesia, 3 parts. Rub them together, and a mass is made exactly adapted for pills.

This affords a very convenient means of administering this drug; the pills agree with the stomach better than the gelatinous capsules, or any other form that I am acquainted with, (and they are not more than one-eighth to one-tenth of their price,) probably from the minute subdivision of the balsam, the efficacy of which is not at all impaired. Dr. A. T. Thomson has published a method of making copaiba into pills with calcined magnesia, which is tedious, and not so effectual as the above.—*London Med. Gazette.*

MISCELLANEOUS ITEMS AND INTELLIGENCE.

On the Phosphorescence of Zoophytes.

BY ARTHUR HILL HASSALL, ESQ., M. R. C. S. L.,

Corresponding Member of the Dublin Natural History Society.

TO THE EDITORS OF THE ANNALS OF NATURAL HISTORY.

GENTLEMEN:—

On reading the Rev. D. Landsborough's paper on the Phosphorescence of Zoophytes in your last number, p. 281, I am led to refer to my paper read before the Natural History Society of Dublin, November 6th, 1840, and published in your journal for June last, as detailing similar observations made three months before the reading of the paper. The passage is the following:—

"I have ascertained that all the more transparent Zoophytes," (under which title I include the marine orders of the Hydroid, Asteroid, and Ascidian classes, which embrace all the species individually noticed by Mr. Landsborough) "possess highly luminous properties. This fact I first discovered in a specimen of *Laomedia gelatinosa*, and subsequently in a great variety of other species. If a portion of it, adhering to the sea-weed to which it is attached, be taken from the water and agitated, a great number of bright phosphorescent sparks will be emitted; these sparks proceed from each of the denticles of the coralline containing polypi, and the phenomenon is equally apparent whether the specimen be in or out of water. The imagination could scarcely conceive a more beautiful spectacle than would be furnished by the shining of countless myriads of these tiny lamps, lighting up the dark recesses and caves of the ocean." . . "The fact of the phosphorescence of one species of *Sertularia*, *S. pumila*, was, I have lately learned, discovered by Stewart some time since; but the announcement of it did not, it appears, lead to further inquiries into this interesting subject."

From a perusal of the above account, to which I shall add some additional observations, it is manifest that priority of upward of a year, of the discovery of the general phosphorescence of Zoophytes, is due to me, and not to Mr. Landsborough.

I have stated that the phosphorescence is equally apparent whether the specimen be in or out of water, that is, in air or water; and this is the fact, the only requisite in either case for its development being the friction of motion.

Numerous friends, among others G. J. Allman, Esq., of Bandon, can bear witness to the exceeding brilliancy of the phosphorescent light emitted by a great variety of species which I was frequently in the habit of exhibiting to them. Once each week I received from the master of a trawling vessel on the Dublin coast, a large hamper of Zoophytes in a recent state; in the evening these were taken into a darkened room, and the spectators assembled; I then used to gather up with my hands as much of the contents of the hamper as I could manage, and tossing them about in all directions, thousands of little stars shone out brightly from the obscurity, exhibiting a spectacle, the beauty of which to be appreciated must be seen, and one which it has been the lot of but few persons as yet to have looked upon. Entangled among the corallines were also numerous minute luminous Annelides, which added their tiny fires to the general exhibition.

Provided the Zoophytes had not been exposed to wet or frost, which destroys their vitality, the same appearance could be repeated on the second and third night, but with diminished brilliancy.

With respect to the phosphorescence of some Fishes, *Mollusca tunicata*, and the *Medusæ*, spoken of by Mr. Landsborough, instances of it in all these are I believe on record; and of the phosphorescence of the latter, distinct mention is made by Professor Rymer Jones in his 'Outlines of the Animal Kingdom;' and indeed it is to the *Acalepha*, the animals composing which class vary in size from particles almost imperceptible from their transparency to creatures exceeding a foot in extent, that the ocean is principally indebted for its luminous properties. I well remember the admiration, not unmixed with wonder (for then I knew not to what agencies the power by which water seemed suddenly to kindle and glow, as though turned to liquid fire, was to be attributed), which I felt when first I viewed the beautiful phosphorescent phenomenon of the ocean. Beautiful as this spectacle is even in our own seas, in warmer latitudes, and in the Mediterranean, it is far more splendid; but to be seen at all it is necessary that the water should be disturbed in some way—the slightest breeze curling the surface of the tranquil ocean, calls forth from its waters a flash of phosphorescent fire as it sweeps along—the wave, as it falls from the vessel's side and breaks into ten thousand pieces, reveals innumerable globes of animated fire suddenly called forth from the darkness which enveloped them—each stroke of the dripping oars scatters thousands of living gems around them, unqualled in brilliancy by the glittering of a kingly diadem—a golden path of light, increasing in breadth as the distance becomes greater, follows, like an attendant comet, the wake of the vessel urged onwards by the impelling wind—and the fisher's net, just raised to the water's edge, and laden with spoil collected from the secret beds and hiding-places of the great deep, seems converted into a frame-work set with precious jewels, by the presence of numerous zoophytes entangled in its meshes. Indeed, in whatever way the water is agitated, the same beautiful appearance follows; if a little be placed even in the palm of the hand, and shaken, bright scintillations will be emitted; but, of course, the phenomenon will be more striking in proportion to the quantity of water put in commotion.

ARTHUR HILL HASSALL.

Cheshunt, Herts, Dec. 8, 1841.

TO THE EDITOR OF THE LANCET.

MR. EDITOR :—

Will you inform your Boston correspondent that the Celsian operation was performed in the New York Hospital *twice* by Dr. Stevens, and *once* by Dr. Hoffman?

SPECTATOR.

New York, March 5, 1842.

[Although Mr. Spectator has not thought proper to authenticate his precious little morsel of a note, yet commisserating his anxiety to preserve the fame of the worthy gentlemen to whom he refers from eclipse, and in the plenitude of editorial grace, we give his communication to the world.—ED.]

To Correspondents.

We render our thanks to our friend who sent us the article on 'Hydrocephalus by Dr. Cheyne,' but it is not altogether adapted for our columns.

We received a very interesting communication from Dr. J. A. ALLEN, of Middlebury, Vt., descriptive of an 'erysipelatous epidemic' which has very recently extensively prevailed in that village and its vicinity, and designed giving the article insertion in our present number. Our friend's letter has been unfortunately lost—will he have the goodness to favor us with another communication on the same subject?

Dr. MAGEE's remarkable case will be published so soon as the engraving designed to illustrate it is out of the artist's hands.

Dr. RICHARD S. KISSAM's communication will appear in our next.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, from the 26th day of February to the 5th day of March, 1842.

39 Men, 42 Women, 55 Boys, 45 Girls. Total, 181.

DISEASES.

Apoplexy	2	Intemperance	0
Asthma	1	Inflammation	4
Asphyxia	3	Of liver	0
Abscess	0	Of bladder	0
Aneurism	0	Of brain	6
Bleeding	1	Of stomach	1
Bleeding from stomach	0	Of chest	4
Bleeding from lungs	1	Of lungs	16
Burned or scalded	0	Of bowels	6
Casualties	0	Of throat	1
Cholera infantum	0	Of womb	0
Cholera morbus	0	Jaundice	1
Cancer	4	Killed or murdered	0
Consumption	33	Locked-jaw	0
Convulsions	15	Lues Venera	0
Croup or hives	3	Mortification	1
Debility	0	Malformation	0
Delirium tremens	2	Marasmus	5
Diabetes	0	Measles	0
Diarrhœa	0	Old age	2
Death from poison	0	Organic disease of heart	1
Dropsy	2	Palsy	1
Dropsy in head	11	Rupture	0
Dropsy in the chest	6	Rheumatism	0
Drowned	1	Spinal disease	0
Dysentery	0	Suicide	1
Erysipelas	3	Sprue	0
Epilepsy	3	Small-pox	6
Fever	1	Scrofula	0
Scarlet	12	Teething	3
Typhoid	5	Tumor	1
Puerperal	3	Unknown	2
Remittent	2	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	0
Hip Disease	0	Worms	0

AGES.

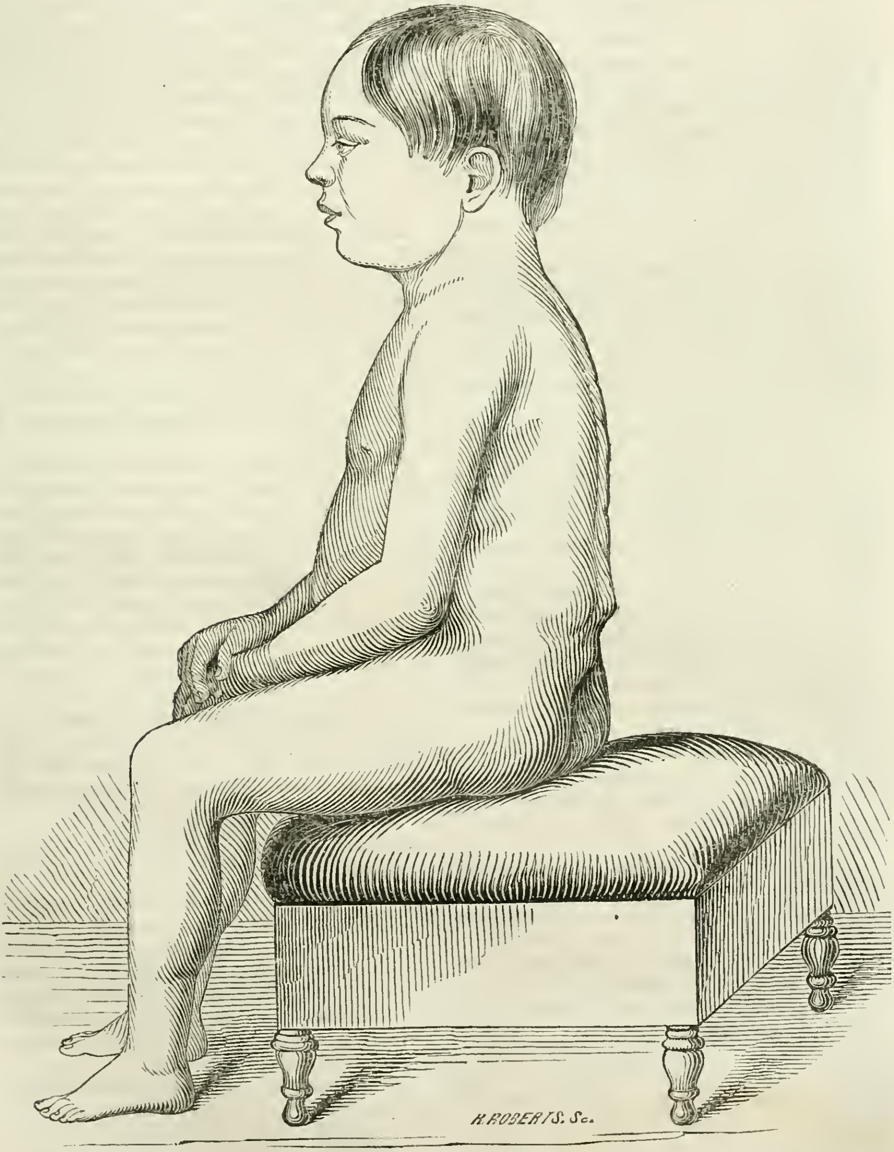
Of 1 year and under, 50; between 1 and 2, 12; 2 and 5, 20; 5 and 10, 9; 10 and 20, 8; 20 and 30, 15; 30 and 40, 22; 40 and 50, 8; 50 and 60, 14; 60 and 70, 12; 70 and 80, 5; 80 and 90, 1; 90 and 100, 0; 100 and upwards, 0; unknown, 2.

WILLIAM A. WALTERS, City Inspector.

City Inspector's Office, March 5, 1842.

THE
NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, MARCH 19, 1842. No. 12.



DR. RICHARD S. KISSAM'S CASE OF SPINAL CURVATURE.

[Drawn for the 'Lancet,' by Dr. Westmacott.]

FOR THE LANCET.

Two Cases of Spinal Curvature, with Remarks,

BY DR. RICHARD S. KISSAM.

I am induced to give the following cases of spinal curvatures, because they shed some light on the pathology and treatment of these very interesting diseases.

The first is a case of incipient lateral curvature, arising from muscular contraction; the second, one of an entirely different nature—a posterior curvature, caused by caries of the vertebræ.

Case First.

When on a visit at Newport, Rhode Island, in July last, I was requested by the mother of L. R. to examine her child's hip, of which she was supposed to have a rheumatic affection. I found her a very interesting though delicate child, about three years old, very intelligent for her age, and the only child of her widowed mother, a highly respectable lady of Boston.

My attention was directed to the hip, sacrum, and thigh, and on examination I could discover no inflammation—very slight pain, if any, on movement—no redness—no swelling. Dr. ALEX. H. STEVENS, of this city, being in the same house with myself, I requested and obtained a consultation with him.

The hip joint of the left side underwent a thorough examination, and it was concluded that there was very little disease in the parts.

The child being averse to making any movement, and complaining of slight uneasiness in the hip, it was thought prudent to recommend a recumbent position, and that her diet should be regulated; this, with a blister to the part, and a simple purge, was thought all that would be necessary to procure relief.

Having remained in bed several days, observing the above directions, and not being benefitted by them, I requested the child to be undressed, and to walk before me; this at once discovered the disease: the left hip projected and was elevated; there was a very marked lateral curvature in the spinal column. On the left of the spine the muscles were contracted, hard, and firm; on the right, they were relaxed and flabby. When she walked she winced somewhat from the pain produced by motion, and threw forward the left leg in the manner characteristic of this affection.

I requested a longer continuance in bed, and directed calomel purges, and the use of musk and iron internally. Locally, to the contracted muscles, I directed slight friction with simple cerate, to procure relaxation; to the relaxed muscles on the right of the spine, veratrine ointment was used three times daily, with a smart degree of friction, this was to cause contraction.

After these means were continued ten days, I had the inexpressible satisfaction of seeing a continuous and progressive improvement. Within the past few weeks, (Jan. 28, 1842,) I received a letter from Mrs. R., in which she says:—"After her arrival at home, the air of Boston seemed to give her new strength, and until the present moment I have had no occasion to see a physician, nor have I seen the slightest symptom of the disease which troubled her at Newport."

It is well known that Newport, R. I., is much resorted to for sea bathing; the air is very bracing, and if proper clothing is not used, as well as great precaution against the air for the first week, local inflammtions frequently occur; of this I saw numerous cases during my sojourn of three weeks.

The point to which I would draw attention in this case, is, the *acuteness* of the attack, and that the curvature was certainly caused by *contracted muscles.* Inflammation of the muscular fibre is one cause of contraction, which is fully exemplified in *torticollis.* In this case, no bones or ligaments were diseased, as is advocated by many of the English writers; but acute muscular contraction, and that from inflammation too, was the sole cause. This is a rare case, and I cannot now remember having noticed more than a single similar case; which may be found in Johnson's Medico-Chirurgical Review, No. 33, p. 303, being a review of the "Surgical Report of the Dumfries and Galloway Royal Infirmary, for the year 1836-37." This case occurred in the person of a young woman who had suffered from influenza; all the dorsal vertebræ were curved; there was tenderness along the spine, with general prostration. She was treated with frequent cupping along the spine, confinement to the recumbent position, nourishing diet, and gentle purgatives; she did not entirely recover after five weeks treatment, the disease showing a considerable degree of obstinacy.

Perhaps many cases of lateral curvature may originate in this manner; the curvature, very slight at first, gradually increases, and becomes alarming before it is discovered. When a muscle becomes contracted its power increases, and its opponent, by being extended, loses its contractile force in proportion; so that the contracted muscle has its opponent at great disadvantage, until at length the relaxed muscle becoming converted into a hardened sort of fatty tissue, loses altogether the power of contraction.

An over-distended bladder cannot contract; the intestines when filled with flatus cease their movements, and even the uterus acts more vigorously when relieved by the discharge of the liquor amnii.

Case Second.

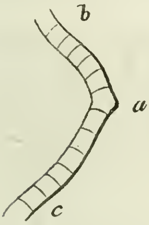
POSTERIOR CURVATURE FROM CARIES OF INFERIOR DORSAL AND SUPERIOR LUMBAR VERTEBRÆ.

The drawing represents this case, as it appears at the present time. The object in presenting it is to show the appearance after recovery. We meet in our daily walks cases of this kind cured by anchylosis, and having very large curvatures, commonly called 'hunch-backs.' Contrast the appearance of this child with those cases, and perceive the vast difference in favor of the former.

The child is now four years of age. When I first saw her, she was very feeble, having passed through all the first stages of this dreadful disease; she then appeared leaning and stooping forward, resting the weight of her body by means of her arms, on her flexed legs; when desired to pick up any object from the floor she did not *stoop over*, but squatted down to it; the projection then appeared no larger than now, but in a short time the body was bent at an angle of forty-five degrees with the lower extremities.

The question arose to my mind, could I not allow the diseased vertebræ to remain in contact to become anchylosed, and still keep the spine erect? Sir B. Brodie, and almost all surgeons of standing, recommend the horizontal position and issues; the result of this practice is daily seen in the deformed, enfeebled, and miserable 'hump-backs,' every where staring us in the face, as monuments of the imperfection of our art. I do not here mean to go into the discussion of issues and prostration; but simply to show what has been done in one case, and probably can be done in a great many more, if surgeons would not be bound down by names and usages.

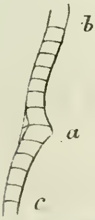
The usual method of cure is after the following fashion:—



a The point of the caries and subsequent anchylosis.

b c Superior and inferior portions of the spine.

The next diagram shows the manner of cure in the case here reported:—



The letters placed in the same points as in the first cut.

This was easily effected by means of a firm corset, open in front, supplied with lacings, and an aperture behind, to allow the excurvated vertebræ to project; thus allowing the diseased bones to come in contact and unite, and at the same time bring the spine in an upright situation.

It is needless to speak of the advantages accruing from this method; where there is no paralysis, the patient can take gentle exercise; when the cure is accomplished the figure is almost natural, being slightly shorter than otherwise; all the viscera of the thorax and abdominal cavities remain in a normal position.

The child whose case is here represented is perfectly well, and as lively as children of her age; her height is two feet eight inches, and she appears very little deformed. Her father, Mr. P. J. S., resides in the Bowery of this city, and thinks her quite as intelligent and interesting as his other children. No person would think of calling her a hump-backed girl; on the contrary, would admire her rosy cheeks and tolerable figure.

Pressure has been applied to the projection in some such cases; from this, and extension, every surgeon of feeling must recoil, as being as painful and barbarous, as it is injurious and useless.

The method adopted in the above case gave instant relief, by acting as a support, and procured a permanent cure by fulfilling every true surgical indication.

New York, February 14, 1842.

Professor Mott's Lectures on Surgery.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

SESSION 1841–2.

Lecture XXV.

HYPERTROPHY OF THE NOSE.

This was represented as a similar affection to the *elephantiasis* of warm climates. It implicated not only the integuments, but the adipose and filamentous tissues The 'iodine treatment' might be tried, but it was not likely to effect a cure. Extirpation of the diseased mass was justifiable and proper.

'LYPOMATOUS TUMOR'

of the nose was then adverted to, and several drawings illustrative of it, were exhibited. Exsection was the only treatment.

NASAL POLYPI.

Polypous tumors were stated to be found in the nose, rectum, and vagina. The polypus was considered to be a parasetical animal, and from some supposed analogy, the term was applied to this description of tumors in organs of the human body. Polypi often attain an enormous magnitude in the nose, and occasion in such cases frightful deformity. JOHN BELL had given masterly descriptions of this affection, and to his work the students were referred. 'Polypi may be properly divided into the 'benign' and the 'malignant;' but John Bell differs from the great majority of other writers, and says that 'a polypus is never originally benign, nor is it ever originally malignant,' but he adds, 'time and circumstances will make every polypus tend to the same result.' 'On this,' said the Professor, 'I should certainly feel inclined to differ from Mr. Bell altogether. I believe firmly that there are polypi malignant in their origin, and others benign in their origin, and which will never become malignant. Nasal polypi are of three descriptions:—

The common, or benign polypi;
The hydatid polypi; and
The cancerous, or malignant polypi.

By far the greatest number are of the benign sort. A patient with a nasal polypus always lets you know by his voice what is the matter—his voice is nasal. When you look into the nose, you will find the polypus is either red and vascular in its appearance, or yellowish, or that it is a thin pedicle, so as to be translucent. These are the appearances of the polypi of the simple kind. If a patient asks where the polypus is attached, you will be always safe in answering that it is attached to the outer side of the inner surface of the nose, never to the septum narium, but either to some part of the Schneiderian membrane or to the turbinated bones, and rarely to the cribriform plate of the ethmoid bone. If you remove them there is no guarantee that they will not return. They will in all probability be reproduced. The modes of getting rid of them are by the forceps—the ligature—and caustic. Some of you have doubtless seen the sad effects of caustic applied by empirics. Removal by the forceps is undoubtedly the best plan when it can possibly be effected.'

The hydatid polypi were often associated with the common and malignant sorts. This description of polypus occurred most frequently in children of a strumous habit. The best mode of treatment was the application of a preparation of arsenic, but great caution was to be observed in its use. Tonic alteratives were to be exhibited at the same time.

The malignant polypus was a most formidable affection. It begins like the other sorts of polypi, 'on the outside of the Schneiderian membrane.' It never makes its appearance on the septum. It presents itself in the form of a hard vascular tumor, is remarkably painful, and bleeds very readily. Its progress is rapid and terribly destructive. No medicinal remedy is known which can effect the cure of this affection. The only remedy is an operation, which should be performed as soon as the disease manifests itself. That operation consists in laying open the cheek, and extirpating the diseased structure with all its attachments.

A PSCHYCOLOGICAL AND LITERARY PHENOMENON!

TO THE EDITOR OF THE LANCET.

> 'This striking similarity of ideas strongly reminded us of the anecdote of an author who read a part of his play to a friend in order to obtain his opinion.'
> 'Very good,' said his friend, 'very good indeed: but, pray, is not all this in Shakspeare?'
> 'What of that?' replied the other: '*it only shows how very much alike* TWO GREAT MEN *may sometimes write.*'
> *New York Med. and Philosoph. Journal, Vol. II. No. 2,* (1810.)

> 'One of these men is genius to the other!'
> *Comedy of Errors.*

SIR:—There is no fact in the history of Literature and Science better established, than that men of genius often fall into the same train of thought, and even express themselves in the very same language, without being conscious of it, and even while under the belief that their views are highly original. Thus also the same scientific discoveries have in many instances been made contemporaneously in distant countries, as, for example, the identity of electricity and lightning, which was established in France and the United States at nearly the same time, and without any correspondence between Franklin and the French Philosopher—numerous other instances could be mentioned as cases in point, but it is unnecessary. My object, at present, is, to call the attention of your readers to one of the most remarkable of these coincidences, that has ever fallen within my notice, which I find in a Lecture delivered by Dr. Bedford, at the Stuyvesant Institute, Nov. 25th, 1840, and *printed* by request of the audience. It is not to be presumed, for a single moment, that a gentleman of Professor Bedford's honorable character, great talents, and unequivocal reputation, would condescend to borrow a lecture from any one, and palm it upon an intelligent community as his own; I am therefore obliged to conclude that the coincidence which I shall point out, is purely accidental, and one of those remarkable phenomena which sometimes occur in the literary and scientific world.

From Southwood Smith's 'Philosophy of Health,' Vol. 1, p. 2.	*Extract from Dr. Bedford's Introductory Lecture, delivered at the Stuyvesant Institute, Nov. 25th, 1840, and published by request of the audience.*
'Physical science has become the subject of popular attention, and men of the highest endowments, who have devoted their lives to the cultivation of this department of knowledge, conceive that they can make no better use of the treasures they have accumulated, than that of diffusing them. But no attempt has hitherto been made to exhibit a clear and comprehensive view of the phenomena of life; the organization upon which those phenomena depend; the physical agents essential to their production, and the laws, as far as they have yet been discovered, according to which those agents act. The consequence is that, that people in general, not excepting the educated class, are wholly ignorant of the structure and action of the organs of their own bodies, the circumstances which are conducive to their own health, the agents which ordinarily produce disease, and the means by which the operation of such agents may be evaded or counteracted,' &c.	'Physical science, as connected with health, has of late become an object of popular attention, and men of the highest endowments, who have devoted their lives to this department of knowledge, conceive that they can in no way more efficiently appropriate the rich treasures they have accumulated, than by adapting them to the popular mind, in such way as to diffuse among the people the great elements of a science in which all are equally interested. It is unfortunate that authors have not more generally exhibited in a systematic form, a clear and comprehensive view of the phenomena of life; the organization on which those phenomena depend, the necessary influence of physical agents on their production, and the laws, as far as they are understood, on which the action of those agents is based. If this had been done, we should not have to mourn over the ignorance of the community in general, not excepting even the more enlightened and educated classes, with regard to the structure and functions of the organs composing their bodies, the circumstances which are conducive to their own health, the agents which ordinarily produce disease, and the means by which the operation of such agents may be avoided or counteracted."
'A knowledge of the structure and functions of the body is admitted to be indispensable to whoever undertakes to protect those organs from injury, &c. But surely some knowledge of this kind may be useful to those who have no intention to practice physic, or to perform operations in surgery; may be useful to every human being, to enable him to take a rational care of his health, to make him observant of his own altered sensations, as indications of approaching sickness; to give him the power of communicating intelligibly with his medical adviser respecting the seat and the succession of those signs of disordered function, and to dispose and qualify him to co-operate with his physician in the use of the means employed to avert impending danger, or to remove actual disease.'	'It will, I apprehend, be admitted, that a knowledge of human structure, and of the various functions of the animal economy, is indispensable to the physician and surgeon. But is this knowledge of human structure to be limited to members of the healing art? Most assuredly not. It will be found useful to every human being, by enabling him to take a rational care of his health, and rendering him observant of his own altered feelings, as indications of approaching sickness. It will afford him the means of communicating intelligibly with his medical adviser respecting the seat and symptoms of disordered functions, and will prepare him to co-operate with his physician in the use of agents necessary to avert impending danger, or to remove actual disease.'
'The knowledge of this structure seems peculiarly necessary to those who have the exclusive care of infancy, almost the entire care of childhood, &c. The bodily organization, and the mental powers of the child, depend mainly on the management of the infant; and the intellectual and moral aptitudes and qualities of the man, have their origin in the predominant states of sensation, at a period far earlier in the history of the human being than is commonly imagined. The period of infancy is divided by physiologists into two epochs; the first, commencing from birth, extends to the seventh month; the second commencing from the	'The knowledge of human structure, and of the mental constitution, is peculiarly important to those who have the exclusive care of infancy, and almost the entire supervision of childhood. On the management of the infant will depend the bodily organization and the mental powers of the child; and man receives his intellectual and moral aptitudes, taking as they do, their origin in the predominant states of sensation, at a period far earlier in the history of the human being than is generally supposed. Phrenologists have divided infancy into two epochs. Infancy commences at birth, and extends to the seventh month; whilst childhood em-

seventh month, extends to the end of the second year, at which time the period of infancy ceases, and that of childhood begins. The first epoch of infancy is remarkable for the rapidity of the development of the organs of the body; the processes of growth are in extreme activity; the formative predominates over the sentient life. The second epoch of infancy is remarkable for the development of the perceptive powers. The physical organization of the brain, which still advances with rapidity, is now capable of a greater energy and a wider range of function. The intellectual faculties are almost in constant operation; speech commences, the sign, and, to a certain extent, the cause of the growing strength of the mental powers; the capacity of voluntary locomotion is acquired, while passion, emotion, affection, come into play with such constancy and energy, as to exert over the whole economy of the now irritable splastic creature a prodigious influence for good or evil. If it be, indeed, possible, to make correct moral perception, feeling, and conduct a part of human nature, as much a part of it as any sensation or propensity—if this be possible for every individual of the human race, without exception, to an extent that would render *all* more eminently and consistently virtuous than *any* are at present, preparation for the accomplishment of this object must be commenced at this epoch.'

'But if preparation for this object be really commenced, it implies, on the part of those who engage in the undertaking, some degree of knowledge; knowledge of the physical and mental constitution of the individual to be influenced; knowledge of the mode, in which circumstances must be so modified in adaptation to the nature of the individual being, as to produce upon it, with uniformity and certainty, a given result. The theory of human society, according to its present institutions, supposes that this knowledge is possessed by the mother; and it supposes farther, that this adaptation will actually take place in the domestic circle through her agency. I appeal to every woman whose eye may rest on these pages—I ask of you, what has ever been done for you to enable you to understand the physical and mental constitution of that human nature, the care of which has been imposed upon you. In what part of the course of your education, was instruction of this kind introduced ?'

'There is no philosopher, however profound his knowledge, no instructor, however varied and extended his experience, who would not enter upon this task with an apprehension proportioned to his knowledge and experience—but knowledge, which men acquire only after years of study, habits which are generated in men only as the result of long continued discipline, are expected to come to you spontaneously, to be born with you, to require on your part no culture, and to need no sustaining influence.' &c. &c. &c.

'There is a close connection between happiness and longevity. Enjoyment is not only the end of life, but it is the only condition of life which is compatible with a protracted term of existence—as there is a point of wretchedness beyond which life is not desirable, so there is a point beyond which it is not maintainable. The man who has reached an advanced age, cannot have been, upon the whole, an unhappy being; for the infirmity and suffering which embitter life, cut it short. Every document, by which the rate of mortality among large numbers of human beings can be correctly ascertained, contains in it irresistible evidence of this truth. In every country, the average duration of life, whether for the whole people or for particular classes, is invariably in the direct ratio of their means of felicity; while, on the other hand, the number of years which large portions of the population survive beyond the adult age, may be taken as a certain test of the happiness of the community. How clear must have been the perception of this in the mind of the Jewish legislator, when he made the promise, *that thy days may be long in the land which the Lord thy God hath given thee*—the sanc-

braces the period from the seventh month to the termination of the second year. The period of infancy is remarkable for the rapidity with which the organs of the body are developed, the processes of growth are in extreme activity, and the formative predominates over the sentient life. The development of the perceptive organs characterises the period of childhood, or second epoch of infancy; the brain begins to exhibit greater energy, and manifests a wider range of action. The intellectual faculties of the tender being are in active operation. The power of articulation, an evidence of the increasing energies of the mental powers, now shows itself; the capacity for voluntary locomotion is also acquired, while passion and affection come into play with such constancy and force, as to exert over the entire economy of the now irritable and plastic creature, a prodigious influence for good or evil. If, as it has been well observed, it be possible to make correct moral perception, feeling, and conduct a part of human nature, as much a part of it as any sensation or propensity—if this be possible for every individual of the human race, without exception, to an extent which would render all more eminently and consistently virtuous than any are at present, preparation for the accomplishment of this object must be commenced at this epoch.

'In order to guide with proper effect the plastic mind of the infant, a certain degree of knowledge is absolutely necessary—knowledge of the mental and physical constitution of the individual to be influenced—knowledge of the mode in which circumstances must be so modified in adaptation to the nature of the individual being, as to produce upon it with uniformity and certainty a given result. This knowledge is presumed to be possessed by the mother; and society imposes upon her the task of directing the early impressions of childhood. From what sources has the mother received her qualifications to the undertaking. What has society done to imbue her with a knowledge of the mental and physical constitution of that human nature, the care and guidance of which has been entrusted to her? In what part of the course of her education, has instruction of this kind been introduced?'

'There is no philosopher, however profound his knowledge; no instructor, however varied and extended his experience, who would not enter upon the task with an apprehension proportioned to his knowledge and experience; but knowledge, which men acquire only, after years of study; habits which are generated in men only as the result of long-continued discipline, are expected to come to mothers spontaneously—to be born with them—to require, on their part, no culture, and to need no sustaining influence,' &c. &c. &c.

'There is a close connection between happiness and health—between happiness and longevity. Enjoyment is not only one of the ends of life, but it is the only condition of life which is at all compatible with a protracted term of existence. As there is a point of wretchedness beyond which life is not desirable, so likewise is there a point, beyond which it cannot be maintained. The man who has reached an advanced age cannot have been, as a general rule, an unhappy being; for the infirmity and suffering which embitter life, usually cut it short. Every document by which the rate of mortality among large numbers of human beings can be correctly ascertained, presents irresistible evidence of this truth. In every country, the average duration of life, whether for the whole people, or for particular classes, is invariably in a direct ratio of their means of felicity: whilst, on the other hand, the number of years which large portions of the population survive beyond the adult age, may be regarded as an unerring test of the happiness of the community. Clear must have been the perception, and great the wisdom of the Jewish legislator, when he made the promise—*that thy days may be long in* tion of every religious observance, and the motive to every moral duty.' Vol. 1, p. 101.

'Excepting as a qualification for the practice of surgery and medicine, in the curriculum of no school or college in the kingdom, is an explanation of the structure and functions of the human body included.

The omission of these subjects from the ordinary courses of education cannot be because they are without interest, nor because nothing worthy of being communicated has been discovered respecting them, nor because there is insuperable difficulty in the exposition of what is ascertained. Since the mind is the subject upon which all education is intended ultimately to act, and the instrument through which it must effect whatever influence it exerts, no one can doubt the importance of an acquaintance with the mental phenomena and with the laws that regulate them. Of the knowledge of the processes by which the structures of the body are built up, and of the physical conditions which are necessary to life, health, and strength, the utility is not so obvious; yet such knowledge is capable of practical applications of the utmost importance daily and hourly.'

the land which the Lord thy God hath given thee—the sanction of every religious observance, and the motive to every moral *people*.'

Excepting as a qualification for the practice of medicine and surgery, scarcely an institution has embodied in its programme of instructions, an explanation of the structure and functions of the human body.

The omission of these subjects from the ordinary courses of education cannot be because they are without interest, nor because nothing worthy of being communicated has been discovered respecting them; neither can it be that there is an insuperable difficulty in the exposition of what is ascertained. Since the mind is the subject upon which all education is intended ultimately to act, and the instrument through which it must effect whatever influence it exerts, no one can doubt the importance of a knowledge of the mental phenomena, and of the laws by which they are regulated. The knowledge, too, of the processes by which the various structures of the body are built up, and of the physical conditions necessary to their life, health, and strength, admits of practical application, daily and hourly of the highest moment.'

The above will serve as a specimen of the extraordinary coincidence of thought and language between the learned Professor of Obstetrics in the Stuyvesant School, and Dr. Smith, author of the 'Philosophy of Health.' The same similarity runs through the whole lecture, with the exception of a few sentences, which may be found verbatim in Lawrence's 'Lectures on Man.' Whether Dr. Smith has, as yet, had the good fortune to be apprised of this remarkable concurrence, I know not; but when it does come to his knowledge, there can be no doubt he will feel highly flattered, and will regard it as a most singular pschycological phenomenon—a moral demonstration of the soundness of his own views, which have thus, from one of the great minds of our country, been unwittingly echoed back across the broad Atlantic. The phrenologist too, cannot but regard it with interest, and will immediately be led to inquire what are the cranial developments of Dr. Smith; for, if it shall turn out that his craniological conformation corresponds with that of our learned Professor, we put it to the sceptic, and the man of science, whether such coincidence and *identity* of mental operations, does not establish the truth of phrenology, beyond all cavil?

I am, Mr. Editor, warmly yours,

NITRAS ARGENTI.

Observations on the Cure of Strabismus, with Engravings. By ALFRED C. POST, M. D., one of the Surgeons of the New York Hospital, &c. New York: Charles S. Francis, 252 Broadway. 1841. 12mo. pp. 67.

Treatise on Strabismus, or Squinting, and the New Mode of Treatment. Illustrated by Engravings and Cases. By JOHN H. DIX, M. D., Member of the Massachusetts Medical Society. 'Tum, ut hujus oculos in oculis habeas tuis.'—Plautus. 12mo. pp. 105.

These are two very useful little treatises, presenting in a plain, practical, and unpretending manner, all that is known respecting a branch of orthopœdic surgery which is at present deservedly attracting the universal attention of the profession. Dr. POST's description of the operation for the cure of strabismus, is illustrated by a series of plates from excellent drawings, by Dr. WESTMACOTT; Dr. DIX enters somewhat at length into the anatomical details of the muscular appendages of the eye, and adds an appendix of cases; but the two works, as might have been expected, are marked by a great degree of similarity. Dr. POST presents a very lucid description of

THE OPERATION:—

The following rules appear to me to comprise all that is essential to the successful performance of the operation. They apply particularly to the division of the rectus internus; but, with some slight modifications, they will be equally appropriate for the division of either of the other muscles which may require to be cut.

The operator should secure the assistance of at least two skilful aids; it is best to have three if they can be obtained. The patient may be placed in a sitting posture, facing a window, with his head leaning against the breast of an assistant, or he may lie upon a table or sofa. If the subject of the operation be a child, it is decidedly best to place him in a recumbent posture upon a table, with his arms to his side, and to pass a folded sheet around the body of the patient and the table upon which he lies, so as to prevent him from moving. Having secured the patient in a proper position, it is advisable to apply iced water or snow for a few minutes over the closed eye-lids, for the purpose of contracting the vessels of the conjunctiva, and diminishing the hemorrhage during the operation. I regard this as a matter of some importance, as the hemorrhage, although unimportant in itself, constitutes one of the chief obstacles to the speedy and successful performance of the operation. The next thing to be accomplished is the separation of the eye-lids, which may conveniently be effected by the fingers of assistants. The upper lid may be secured by the assistant who supports the head of the patient, and the lower, by one who sits or kneels before him. Where there are but two assistants, the same one may secure both lids. More skill is required in holding the lids than is commonly supposed. It is not sufficient to draw the integument of the lid away from its fellow, but the edge of the tarsus should be gently but firmly compressed against the orbital brim. A great variety of specula have been contrived for the purpose of separating the lids, and there has been much discussion as to the advantages or disadvantages attending the employment of these instruments; some representing them as almost essential to the proper performance of the operation, while others regard them as rendering it more painful and more formidable to the patient, while they present no advantages to compensate for these inconveniences. I have never myself made use of specula, and I regard them as unnecessary and undesirable in the majority of cases, when the surgeon has provided himself with assistants who are skilful in holding the lids with their fingers. But when no such assistants are at hand, it is far better to employ specula, even at the expense of some additional pain to the patient, than that the lids should be badly secured, by which great embarrassments may be thrown in the way of the operation.* The attempt to fix the eyelids, either with the fingers or with specula, sometimes gives rise to a spasmodic contraction of the orbicularis muscle, causing a protrusion of the palpebral conjunctiva, by which the farther progress of the operation is seriously impeded. When this occurs, the attempt should be suspended for a minute or two, and then resumed with the utmost caution and gentleness.

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* In operating on children, it is perhaps best as a general rule to employ specula.

The sound eye during the operation, is to be covered with a bandage or with the hand of an assistant, to enable the patient to direct the affected eye outwards, which it has been ascertained by experience that he can do most effectually, when the light is excluded from the sound one. The patient is then directed to turn the eye outward as far as possible towards the temple, by which means the portion of the eyeball, into which the rectus internus is inserted, is fully exposed to view. There has been much controversy with regard to the best method of fixing the globe of the eye during the operation. Some rely for this purpose on the efforts of the patient, assisted, if necessary, by gentle pressure with the fingers of the assistant who holds the upper lid. Others employ single or double sharp pointed hooks, which are introduced into the sclerotica, or simply into the conjunctiva, and are then held by an assistant in such a direction as to draw the eye gently outward. In adults and in persons possessing a good degree of firmness, I am convinced that the eye may be kept sufficiently steady without the aid of hooks or other mechanical contrivances, and in such cases it is desirable to dispense with them. I have never but once employed a hook for this purpose, and in ordinary cases I would not recommend its use. But in children, and in nervous and irritable patients, great embarrassment may result from the attempt to perform the operation without fixing the eye. And I am of opinion that it is decidedly better to fix the points of a small double hook in the sclerotica, than to trust to a hook passed through the conjunctiva, as some surgeons have recommended. When the points of the hook are inserted no deeper than the conjunctiva, it is difficult to fix the eye, and the instrument is liable to tear its way out, by which the cornea and other parts are in danger of being lacerated. In passing the hook into the sclerotica, it should not penetrate the whole thickness of that membrane, so as to injure the choroid membrane or retina.

The next step in the operation is to make an incision through the conjunctiva and the subjacent cellular tissue, so as to expose to view the insertion of the rectus internus muscle. According to the usual method a fold of the conjunctiva is seized between the blades of a small forceps, about midway between the margin of the cornea and the membrana semilunaris: an incision is then made through the conjunctiva in a vertical direction, from a quarter to half an inch in length by means of a small scalpel or scissors. When the operation is performed in this manner, the blood which is effused from the divided vessels is apt to be filtrated before the cellular tissue, producing a swelling of the part, and obscuring the muscle which is to be divided. To obviate this inconvenience, I excise with the scissors the fold of the conjunctiva which is held between the blades of the forceps: this may be done either in the direction of the fibres of the muscle, or in a vertical direction. In this way there is much less infiltration of blood, and the insertion of the muscle is more readily and more fully exposed to view. The blood, as it flows during the operation, should be wiped off by an assistant with a fine sponge wet with iced water. A curved probe or director, or a small blunt hook is then passed under the muscle from its inferior to its superior edge, and by means of a small pair of blunt pointed scissors curved in the direction of its edges, the muscle is divided near its insertion. Before dividing the muscle, it is well to isolate it from the eye-ball to the distance of half an inch backward from its insertion. This may conveniently be done with a second probe or blunt hook, while the first is placed under the insertion of the muscle so as to fix the globe of the eye firmly in one position. It is more convenient to employ blunt hooks with handles than ordinary probes or directors, although either of these instruments in skilful hands may be sufficient for the purpose.* A person who is familiar with the anatomy of the parts, who has practised the operation sufficiently often on the dead subject, may introduce the blunt hook beneath the muscle can be distinctly seen. There is often some difficulty in making the point of the hook to emerge from the cellular tissue which covers the muscle: it may either be pushed through by a slight degree of force, or, what is better, the cellular tissue over it may be divided with scissors. The division of the muscle should be as near as possible to its insertion, as any portion of it which may remain attached to the sclerotica will be likely to form an unseemly prominence after the operation. It may be advantageous to divide the muscle a sixth of an inch behind its insertion, and then to snip off with scissors the portion remaining attached to the sclerotica. The posterior portion of the muscle, if it be not spontaneously retracted, should be pushed back into the orbit to prevent it from reuniting to the anterior portion of the sclerotica. The eye is now left at liberty; and when the muscle is completely cut across, the pupil is commonly directed forward, and in some cases slightly outward. If the pupil be directed at all inward, either by an effort of the patient, or by involuntary muscular action, there is reason to suspect that the division of the muscle has not been complete, and it is well to examine carefully by means of a probe or blunt hook, whether there are not some bands of connection between the body of the muscle and the sclerotica. If any such bands be found, they should be divided with scissors.* In these cases the sclerotica should be fully exposed to view behind the insertion of the muscle. Some surgeons affirm positively, that any remaining power of turning the eye inward is a proof that the division of the muscle has been incomplete. Others assert that there are cases in which, after the complete division of the muscle, the patient retains the power of turning the eye inward to a greater or less degree. The latter statement is confirmed by my own experience in this matter. Any flap of the conjunctiva, which in the progress of the operation is extensively detached from its connections, may advantageously be snipped off with scissors. The treatment after the operation consists in the application of cooling lotions to the eye, and a mild antiphlogistic regimen. The operation is rarely followed by such a degree of inflammation as to require very active treatment. The eye is disfigured for a few days by ecchymosis of blood which is gradually absorbed. The operation is ordinarily attended with but a slight amount of pain to the patient. When specula are employed to fix the eye-lids, they occasion a considerable degree of pain. The same result follows even when the lids are secured by the fingers of assistants, whenever the patient makes any forcible attempts to close the eye. He should therefore be cautioned as to the importance of remaining passive until the operation is completed. More or less pain is always felt when the muscle is put on the stretch by the blunt hook which is introduced beneath it. Occasionally severe pain is felt in the eye a few hours after the operation, being occasioned by the presence of coagulated blood between and within the lids, gluing them together. This may be obviated by anointing the edges of the lids with simple cerate, immediately after the operation. When it has occurred, the eye should be bathed with tepid water, and the coagulated blood washed away, after which the pain at once ceases or is greatly diminished. I have observed one instance, occurring in a gentleman of plethoric habit, in which the operation was followed by a high degree of inflammation of the conjunctiva, attended with chemosis, and requiring active general and local depletion.

A number of cases have been reported, in which, after the operation, the strabismus has not been entirely removed, but the eye has been still somewhat inclined inwards. In some of these cases the distortion has subsided spontaneously after a few days. In others it has yielded to the division of the rectus internus of the other eye: in these cases it is supposed that the persistence of the deformity was due to the existence of a morbid sympathy between the two organs. Some surgeons, in cases of this kind, have recommended the division of the internal fibres of the rectus superior or inferior, or the division of the obliquus superior. This plan has been adopted in a few cases, but there has not been a sufficient amount of experience to warrant any general conclusions as to the advantages to be derived from the practice.† When strabismus is owing to complete paralysis of the rectus externus muscle, the division of the rectus internus will not restore the eye to its proper position.‡ It sometimes happens after the operation, that the eye which was previously sound begins to squint. If this condition should not soon yield spontaneously, it will be necessary to perform the operation on the second eye.

When both eyes are affected with strabismus, some surgeons recommend that the operations should always be first performed on the eye which was primarily affected, as the second eye may yield spontaneously after the first has been cured: the second eye may be operated on at a subsequent period, if the deformity continue. Other surgeons, on the contrary, are of opinion, that it is best to operate on both eyes at the same sitting.

It frequently happens after the operation, that fungous growth proceed from the wound of the conjunctiva; if these do not subside spontaneously in the course of two or three weeks, they may be snipped off with scissors, and the surface from which they grow may be touched with nitrate of silver.

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* The instrument which I employ in the operation for strabismus are manufactured by Messrs. Goulding & Co., 35½ Chatham street.

* The muscle at its insertion is of considerable breadth, and the blunt hook is often introduced in such a manner as to split its fibres, instead of embracing them in all its concavity.

† It does not appear to me to be a rational practice to divide the obliquus superior in these cases, as the action of that muscle is to roll the pupil outwards and not inwards.

‡ In a case of this kind, Dr. Detmold has drawn the eye outward by means of a thread attached to the divided extremity of the rectus internus.

After the operation, the eye is apt to protrude somewhat from the orbit so as to appear larger than the other eye. In some cases this undue prominence of the eye is very marked, and constitutes an absolute deformity. This occurs chiefly in those cases in which more than one of the straight muscles have been divided, and it is owing to the undue action of the oblique muscles. It constitutes a serious objection to the division of more than one of the straight muscles In the same eye.

The operation is in some instances followed by weakness of vision in the eye on which it has been performed, or by double vision. But both of these inconveniences sooner or later subside spontaneously. As a general rule, the ultimate effect of the operation upon vision is decidedly favorable.

In order to secure the permanent success of the operation, the patient should be directed after a few days to accustom himself to the use of the eye which has been operated on. For this purpose, it is well to cover the sound eye with a bandage, during a period of several hours every day. It is also advantageous frequently to direct outward as far as possible the eye which has been subjected to the operation.

With regard to the liability to a return of the strabismus, after it has once been cured, there is some difference of opinion; but the majority of those surgeons, who have expressed their views on the subject, are of opinion that there is not often reason to apprehend a return of the distortion, after the operation has been properly performed. When it does occur, it is chiefly in persons who have neglected the proper precautions relating to the exercise of the eye. In such cases, the operation requires to be repeated, and the second operation, according to Ammon, may be performed as early as the third week after the first. The second operation is usually attended with greater difficulties than the first, in consequence of the consolidation of the tissues which require to be divided. It is also necessary to pass the blunt hook to a greater depth, on account of the adhesion of the muscle to the sclerotica some distance behind its original insertion.

Dr. Dix quotes from a recent number of the London Medical Gazette, the following account of the post-mortem examination of the eye of a man who was operated on December 1st, 1840, and died at St. George's Hospital January 1st, 1841:—

> The external rectus had been completely divided just at the part where it was beginning to be tendinous; the muscle itself had retracted to the distance of about three quarters of an inch from its natural attachment, but still remained connected with the globe by a strong band of cellular tissue. This band was about three lines in width and about six lines in length, and was attached to the ball of the eye about two lines behind the original insertion of that muscle, and such was its strength that it allowed of being pretty forcibly pulled upon without giving way. The above is the only autopsy as yet reported in these cases.

We have great pleasure in recommending these diminutive, but not insignificant contributions to surgical literature.

The Climate of the United States, and its Endemic Influences. Based chiefly on the Records of the Medical Department and Adjutant General's Office, United States Army. By Samuel Forry, M. D. New York: J. & H. G. Langley, 57 Chatham street. 1842.

> L'ensemble de toutes les circonstances naturelles et physiques, au milieu desquelles nous vivons dans chaque lieu.—Cabanis.

> The best observations upon climate often lose half their value for the want of an exact description of the surface of the country.—Malte-Brun.

It is with no ordinary degree of pleasure that we welcome the appearance of this volume,—the first systematic treatise on the climate of that great portion of the globe, embraced within the boundaries of the United States. Dr. Forry, in the successful accomplishment of the task of which this book is the fruit, has laid the profession under deep obligations, and has made an accession to the scientific literature of his country, of which it may feel justly proud. To exhibit a connected view of the principal phenomena of the climate of this vast region of the earth—to collect the isolated facts already known on the subject—to accumulate the great amount of additional data necessary to the deduction of accurate conclusions, required no ordinary talents and opportunities. Fortunately, as the work before us demonstrates, Dr. Forry has possessed unequalled facilities for acquiring the requisite matériel; and equally conclusive proof is afforded of his competency for effecting its philosophical arrangement, and the elaboration from it of those practical deductions which give such deep and universal interest to the whole subject.

The groundwork of the volume was furnished by the 'Army Meteorological Register' and the 'Statistical Report on the Sickness and Mortality in the Army of the United States,' embracing a period of twenty years, (from 1819 to 1839,) both the result of our author's labors; and both presenting ample evidence of unwearied diligence, accurate observation, and philosophical deduction. These works, however, constitute but a small portion of the present volume, for 'aware that statistical details are not viewed with favor by the mass of the reading public, the author has compressed within the compass of little more than one hundred pages what originally constituted four hundred, as published officially by the War Department,' and 'of the Meteorological Register, one hundred and thirty pages of tabular matter have been so condensed, at the expense of much time and labor, into four abstracts, as to exhibit nearly every important practical result within the limits of seven pages.'

The work is divided into two parts;—in the first, we have 'a classification of the principal phenomena of our climate, *physically* considered;' in the second, 'the *medical* relation of these laws' is traced with great clearness, and some very important principles established. After a concise and satisfactory description of the geography of the United States; of the character of the meteorolgical data on which the treatise is based; the connection of meteorology with medical science, political economy, the natural history of man, and agriculture; our author gives a brief sketch of the history of the ancient and modern investigations of the subject, and presents a useful summary of the principal facts known in regard to the temperature of the earth at such depths beneath its surface, and at such elevations above its level as can be reached; and a similar summary in relation to the temperature of waters. Having given these preliminary details, our author enters on an extended statement of the numerical results furnished in the several systems of climate pertaining to the United States. If the phenomena of terrestrial temperature, depended solely on the position of the sun, climates might be classified with mathematical precision; but as the effects produced by solar heat are so much modified by local causes that the character of a climate can be determined only by observation, it becomes necessary to adopt a classification of climates based on physical geography, without reference to latitude. Our author accordingly classifies the military posts furnishing the thermometrical data, in the following order, which will enable our readers to estimate the widely-extended range of observation which has been embraced in the investigations of Dr. FORRY:—

General Divisions of the United States.		*Systems of Climate.*
1. Northern.	1st Class.	Posts on the coast of New England, extending as far south as the harbor of New York.
	2d "	Posts on the northern chain of lakes.
	3d "	Posts remote from the ocean and inland seas.
2. Middle.	1st "	Atlantic coast, from Delaware Bay to Savannah.
	2d "	Interior stations.
3. Southern.	1st "	Posts on the Lower Mississippi.
	2d "	Posts on the Peninsula of East Florida.

The judgment and precision which Dr. FORRY has exhibited, in the condensation and arrangement of the immense amount of valuable materials collected at the various posts included in this classification, have elicited our highest approbation. Every important fact is given—no statement of the slightest interest is omitted, yet the details are presented in the most intelligible form in about one hundred pages.

A notice of the Second Part, which exhibits the researches of the author, in 'elucidating the Endemic Influences peculiar to the Systems of Climate developed in Part First,' will form the subject of another article; although as we can find nothing except what calls for commendation and approval, we are not sure that we are called on to offer even the briefest analytical review of a volume which must, as a matter of course, finds its way to the hands of every one of our readers, and occupy a place in every library.

Human Physiology for the use of Elementary Schools. By CHARLES A. LEE, M. D., Late Professor of Materia Medica and Medical Jurisprudence in the University of the City of New York. "The proper study of mankind is man." Second (stereotype) Edition. New York: published by the American Common School Union. 12mo. pp. 336.

It is almost too late in the day to notice this most excellent volume, seeing it has obtained an extensive circulation throughout the Union, and is justly esteemed one of the best popular treatises on the deeply interesting science which it so lucidly expounds, that has been published in this country. Our attention having been called to it, however, by the publishers, we may take the opportunity of remarking that it is exceedingly satisfactory to find that there has been awakened in the minds of many of the instructers of our youth, such a deep and growing sense of the importance to every member of the community, of a knowledge of the structure and functions of our bodies, and the laws which regulate our physical constitution. If our professional brethren desire the extermination of quackery and imposture, and the elevation of the healing art, let them give all their aid in extending the circulation of such a work as this. Introduce the people to a correct acquaintance with the first principles of physiological and medical science, and the nostrum-venders will at once give up the work of plunder and the ghost: Knowledge is the only exterminater of quackery in every form. 'No conjurer,' says honest Thomas Carlyle, 'when we once understand his method of fire-eating, can any longer pass for a true thaumaturgist, or even entertain us in his proper character of quack, though he should eat Mount Vesuvius itself!'

The Principles of Diagnosis. By MARSHALL HALL, M. D., F. R. S. L. and E., etc. Second American Edition, with notes by JOHN A. SWETT, M. D. New York: D. Appleton & Co. 8vo. p. 458.

This is a very elegant edition of a work which has now gained an established reputation. The editor has discharged his duty in a creditable manner, and his notes are in general judicious. The vital importance of a thorough acquaintance with the art of diagnosis, is beginning to be more generally recognized by the mass of the profession, and in the acquirement of that knowledge, we know no safer and more intelligible guide than the treatise of Dr. HALL. The respectable publishers of the edition before us, offer it at a price which places it within the reach of every practitioner and student.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, March 19, 1842.

'The British and Foreign Medical Review'--Its gross Injustice towards Dr. Marshall Hall, Dr. Stewart, of New York, and others.

The talents and acquirements of Dr. FORBES have always commanded our respect, and as a man we have ever regarded him with esteem. We have often regretted, however, the flagrant errors and culpable injustice with which he has in many instances been chargeable, in the management of his 'Review.' In too many numbers of that work, the reader has been furnished with very satisfactory evidence of the truth of the poet's sarcasm—

> 'A man must serve his time to every trade—
> Save critics—all are ready made!'

We have often been not a little amused in observing the unceremonious and contemptuous manner, in which works of the most unequivocal merit, by writers of acknowledged reputation, have been summarily disposed of by this 'Review;' whilst other productions of a far inferior character have been made the subjects of elaborate review and extravagant panegyric. Cases in proof we could cite in abundance, but we will content ourselves at present with reference to two. The first is that of Dr. MARSHALL HALL, who, in his recent and admirable 'Treatise on the Diseases and Derangements of the Nervous System,'—to a profitable acquaintance with which we will speedily endeavor to introduce our readers,—thus temperately and severely refers to the gross injustice which has been manifested towards him by the 'Review:'—

'I trust I have not allowed one expression to escape me, which should give the slightest pain. I would willingly return good for evil—and who, on referring to *many* early volumes of the *British and Foreign Medical Review*, will not confess that I have been the subject of much gross and unfounded calumny in it? Papers were sent to a friend; were returned with the observation that they were unjust;

> and were nevertheless inserted! In parting with the *Review*, I trust for ever, I would repeat what I have said before, that, I think the proceedings of its editor, Dr. Forbes, unjustifiable. Truth, honor, and justice, are sacrificed on the altar of pert folly and insolence. In the last number, even the work of Dr. Prout—the labor of thirty years of one, acknowledged to be a most profound thinker, accurate observer, and indefatigable investigator—is 'cut up' by one of these boy critics! Proh pudor!'

How forcibly does the spirit of this dignified rebuke contrast with the contemptible impertinence against which it is directed? The other instance of the ignorance and injustice which constitute the 'besetting sin' of the '*Review*,' to which we at present direct the attention of our readers, is found in the notice of Stewart's 'Treatise on the Diseases of Children,' which appeared in the number issued in the month of January last. That notice is as follows:—

> 'We have been disappointed in Dr. Stewart's book. It is professedly a compilation—and it is obviously a compilation. The materials have not undergone that fusion in the author's mind which makes a good compilation read like an original book. If they had been submitted to such a process, the resulting(!) book would have been half its present size, and double its present value. As it is, however, Dr. Stewart's treatise will be useful to the diligent student and junior practitioner, as a faithful epitome of what is known on the important subjects of which it treats.

This is a most illustrious specimen of the art of 'reviewing-made-easy' of which Dr. Forbes' journal has presented so many intelligible examples. It is tolerably clear that the writer of the impudent paragraph we have quoted, had never read the work which he so summarily despatches; and we would fain absolve Dr. Forbes from the palpable injustice and dishonesty of which the author of this notice, published in his name, stands convicted. It is a gross slander to assert that the work of Dr. Stewart is a 'mere compilation'—a slander which will be indignantly repelled by every impartial and discerning reader of that volume. Any man of ordinary intelligence, even on a superficial examination of this excellent treatise, will discover abundant evidence that the author has presented us with the by-no-means inconsiderable results of his own experience and investigations; and that he has subjected the opinions of his fellow laborers to patient and philosophic scrutiny. The favorable reception also with which the work has met, affords corroborative evidence of its value, and shows that the great mass of our professional brethren concur in our favorable opinion of its merits. We have no desire to make invidious comparisons, and therefore will not institute any between Dr. Stewart's work, and several on the same interesting class of diseases, which have been bespattered by the 'Review' with commendation as exaggerated and uncalled for, as the sneering censure of the former is disgraceful and unjust.

The American Medical Library and Intelligencer. By Robley Dunglison, M. D. Philadelphia: Haswell & Johnson. New York: King & Co., 199 Broadway. New Series, No. 7.

The January number of this useful publication has been received. It has, it seems, passed out of the hands of Mr. Waldie, and the present publishers promise greater punctuality in its future publication. The present number contains a continuation of Mr. Hocken's valuable treatise on *Amaurosis*, which will be completed in the next number, and will be followed by a republication of Dr. Hope's elaborate work on *Diseases of the Heart*, with plates.

Observations on Apparent Death, from Suffocation by Hanging or Drowning; Choke Damp, &c. &c. with Directions for using the Resuscitating Apparatus, invented by the Author. By Edward Welchman, of Cold Spring, Putnam Co., N. Y., Member of the Royal College of Surgeons in London. 'Lateat scintillula forsan.' New York: J. & H. G. Langley. 1842. 8vo. pp. 15.

A synopsis of the most approved modes of affecting the resuscitation of asphyxiated persons, with a brief description of an apparatus invented by the author. This apparatus consists of a double bellows, 'the inferior one being used for the purpose of inflating the lungs; the superior one for withdrawing the air previously introduced, thereby preparing the lungs for another inflation.' Both bellows are filled at the same time, and by the same movement, and the contents of both are simultaneously discharged. The process is facilitated, and the manual labor economized by fastening the instrument to a table, so that one hand may work both bellows. A vessel for 'warming the air' introduced into the lungs is attached to the bellows, and completes Mr. Welchman's 'invention,' which is, we think, a very useful improvement of the common apparatus. A plate illustrative of the apparatus is given, and from it we can see that the instrument may be very easily understood and properly managed. The artist has conveyed a tolerably accurate idea of the apparatus, but he has given us a most diabolical representation of the head of the patient supposed to be under treatment.

Dr. Mott and M. Guerin.

TO THE EDITOR OF THE LANCET.

Mr. Editor:—

A recent report assailing the character of a distinguished surgeon of your city, induces me to address this inquiry to you, as to its authenticity. I am informed that the models of the ingenious apparatus for the cure of clubfoot possessed by Dr. Mott, were obtained from M. Guerin, of Paris, with a promise exacted by Dr. Mott, that they should be furnished to no other American. This monopolizing spirit of quackery is too low and insignificant for one of Dr. Mott's wealth, professional distinction, and integrity—and though the veritable source of my information causes me to apprehend some grounds for the report, I shall force myself to disbelieve it, until assured one way or the other to the contrary. Yours, &c.

Honestas.

Philadelphia, March 15, 1842.

[We know nothing of the matter referred to by this correspondent, but we say *fiat justitia*, and publish the communication.—Ed. L.]

Druggists' Prices.

TO THE EDITOR OF THE LANCET.

Dear Sir:—

I noticed in your valuable paper a letter soliciting a list of physicians' fees, and the answer. If it be a proper medium of communication, I would solicit a list of druggists' prices, as far as their articles can be classified. If there be any standard, would it not be well that it be followed; and if not, is it not desirable that one should be adopted?

I am as ready to furnish medicines to the needy, gratis, as any one can be; but I do think it is undervaluing the business to compete with a minimum when there should be one uniform price: making business depend not on the value, but comparative littleness of value, of the article purchased. Should this be deemed worthy of notice, by publishing it you will oblige

Many Interested.

New York, March 16, 1842.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, March 14.

This excellent school of practical instruction will continue open during the spring and summer. Many interesting cases were presented last Monday, but did not demand an extended notice in this place.

A brief sketch of the Philadelphia Dispensary, and notes of some of the cases treated by Dr. Jas. Bryan, late Prof. of Surgery and Medical Jurisprudence in the Medical College of Vermont, attending Physician and Surgeon for the north eastern district in the above Institution.

TO THE EDITOR OF THE LANCET.

Sir:—

One of the most useful institutions to the medical tyro and young physician in the city of Philadelphia, is its *Dispensary.* This establishment was instituted in 1745, by Dr. Rush, and several other persons disposed to charitable deeds. Its object is to supply the indigent of the city with medicines and medical advice. It has always been supported by the contributions of its *temporary* and *perpetual* members, and the donations of any who from time to time choose to extend to it a helping hand. Its officers are, one treasurer, six attending physicians and surgeons, one obstetric physician, four consulting physicians and surgeons, and one apothecary with his assistant. The report of the Institution for 1841, gives the number of patients that have been under the care of its officers as six thousand five hundred and fifteen. These have been either visited at their houses, when unable to come to the Dispensary, or have received within its walls suitable advice; so that the number recovered during the past year was six thousand two hundred and four, who, without this recourse, would probably have died, or suffered greatly from neglect. Nearly all the physicians on duty are of high standing in the profession; several of them fill situations in the respectable medical schools of the city, or conduct private courses of lectures on the various branches of medical science. In no other Clinical Institution of the city are students furnished with the opportunity of treating by themselves, under the eye of their preceptors, cases of disease; acquiring thereby more knowledge in a few hours, than they would have done for years, confined to reading and theorising. Personal observation, I need scarcely say, is the only road to the attainments which constitute a skilful physician.

Deeming the Report of the *Clinique* of such an Institution not unimportant, I proposed to Dr. James Bryan to take notes from his Clinique of such cases as should prove most interesting, and give them publicity through your columns. To this he cheerfully assented, and I submit the following report of a case discharged 'cured' on the 23d of February last:—

J. O. H., aged 14 years, of the male sex, with light blue eyes and prominent upper lip, applied to Dr. Bryan for advice some time in December, 1841. He had a general eruption of the skin, tarsal inflammation, purulent discharge from his nose and ears, tongue much furred, and his breath, no doubt owing to the morbid state of the gastro-intestinal mucous membrane, was exceedingly foul. His aspect was dejected, and his skin colorless. These phenomena leaving no doubt of the scrofulous nature of the case, after proper evacuations of the alimentary canal to remove any offensive contents, he was put under a course of medication, tonic and alterative, bearing in mind, by suitable means, to keep the bowels in a regular condition. A tonic purgative, into the composition of which entered some of the ferruginous preparations, was administered, in connection with a generous diet, and moderate exercise in the open air. The formula was the following:—

℞ Ferri: Carb: ℥j.
Pulv: Rhei, ℈j.
Zingiber: gr. vj.
Div: in pulv: x. One to be taken three times a day.

To the tarsi was applied an ointment, composed of equal parts of the ung: hyd: nit: and simple cerate. For more than three months these remedies were persisted in, and the results were disappearance of the eruption, admission of a greater quantity of red blood into the before-enervated capillaries of the dermoid tissue; the fur of the tongue vanishing and the ophthalmia healing, in such a way that the lad bore no longer traces of his former infirmity.

This case establishes many points of practical utility—1st. Perseverance in a remedy, after a disease is well known, only can ensure success. 2d. The aim of the physician should ever be to restore to the devious forces of nature their proper equilibrium—augmenting the vital action when deficient, and diminishing it whenever exaited. 3d. More depends generally, as in the present case we had reason to suppose, on hygienic measures towards effecting a cure, than in remedies the action of which is uncertain, and the rationale of their operation as yet unsatisfactorily ascertained.

A. M. Pena, M. D.

Philadelphia, March 6, 1842.

Professor James Conquest Cross on the 'Sedative Action of Calomel.'

[After expressing his opinion, and quoting numerous authorities in proof, that in cases of irritable bowels, in which frequent watery stools are passed, small doses of calomel are highly injudicious, while doses of twenty grains will effectually moderate the excited action of the intestinal canal, by arresting the copious serous secretions of the bowels, and provoking the liver to healthy action, Dr. C. proceeds:—]

The concurrent testimony of so many respectable physicians, who have deduced their opinions from actual observation, cannot fail to satisfy all that the effects of a large dose of calomel are very different from those of a small one, and that while the former allays the irritability of the bowels, the latter rather augments it, than otherwise. It would be easy to adduce, from personal experience, facts, in confirmation of the above allegation, but that would be merely to extend the article without increasing its value. It may, however, be useful to contrast the results of large and small doses of calomel, as they have been displayed in the same cases: we shall therefore adduce a few illustrative examples. In 1827, we were called to a young lady who appeared to be laboring under dysenteric symptoms—the bowels were irritable and the stools consisted mainly of mucus and blood. On inquiry, we ascertained that she had been treating herself, for some weeks, for, as she supposed, dyspepsia, with very small doses of calomel, according to Dr. Ayres' plan. This, I was satisfied, brought on the dysenteric state of the bowels under which she was suffering, when I first saw her, for it did not occur at a season when dysentery prevails, nor were there any other cases of that disease in her family, or in the neighborhood. Not deterred by the conviction that her disease was the result of small doses of calomel, I gave her twenty grains of that mineral—repeated the same dose in twenty-four hours, and an ounce of castor oil in twelve hours after the last dose, and her disease was subdued.

In 1829, a lady, in the first months of pregnancy, was afflicted with excessive vomiting, so much so, indeed, that her friends and physicians became apprehensive that she could not live. After every other expedient had been used, small doses of calomel amongst the rest, she took a drachm of calomel, at a single dose, and the irritability of the stomach was at once calmed, and it did not return again to such an extent as to cause uneasiness.

In 1832, my own son, five years of age, was afflicted with dysentery, and was treated for ten days with small doses of calomel, ipecac. and opium. Instead of improving, he daily grew worse and worse. The tormina and tenesmus were intensely severe, and I became much alarmed for his situation. Almost in despair, I gave him a scruple of calomel, and to my surprise and gratification, he was in two hours suffering much less, and in a short time went to sleep, in which state he continued four or five hours. When he awoke he was comparatively easy—the pulse was fuller and slower, and the skin inclined to be moist. The tormina and tenesmus were now trifling, in comparison to what they had been, and but two discharges, which, like those that had passed previously to taking the scruple of calomel, were of blood and mucus, in the space of ten hours. Twelve hours after the first scruple had been taken a second was given, which, in about ten hours, was followed by a copious bilious stool. A dose of castor oil completed the cure.

In 1835, I was called upon to visit a gentleman in Cincinnati, who was laboring under a diarrhœa, which was exhausting him very rapidly. I wrote a prescription and handed it to his lady, who, the moment she saw I had ordered a scruple of calomel, exclaimed that so large a dose would certainly kill Mr. H., as five or six grains had several times nearly purged him to death. I assured her that there was a wide difference between five and twenty grains in their effects on the bowels, and that there was no ground for her apprehensions. After much persuasion she suffered him to take it, and to her surprise, he had but two discharges from the bowels before the mineral brought down a bilious stool, when he was relieved.

In 1840, I was called to an interesting and intelligent young lady, who had been laboring under dysentery for nearly three weeks. Her physicians, two in number, had given her various remedies, and among others, repeated small doses of calomel, and so far from improving under them, she was considered in a hopeless state of exhaustion when I first saw her. The blood and mucus stools had ceased, but the alvine evacuations were still frequent, very liquid and wholly destitute of bile. With much reluctance, her physicians agreed that she should take a scruple of calomel. During the next twenty-four hours, her bowels acted less frequently, and the stools appeared to be slightly tinged with bile, indicating some improvement in the secretory action of the liver. I then urged a repetition of the dose, but was not successful in convincing her physicians that it was necessary. I then predicted that she would not, in twenty-four hours, be in any better state than when I first visited her, and this proving true, one of her physicians consented to let her take another scruple, while the other withdrew from the case, refusing to take any part of the responsibility A scruple of calomel was now given for three or four nights in succession, under which the state of her bowels rapidly improved, and she was in a few days declared out of all danger.

Such facts speak for themselves—they require no interpreter—they conclusively establish the important truth, that small doses of calomel show a decided tendency to increase intestinal irritation, while large ones, not only allay it, but produce a general tranquillity and comfort throughout the body, in states involving great suffering, which we have no right, from our knowledge of the action of medicines, to expect from any other article.—*West. and South. Med. Recorner.*

The Structure of the Human Placenta.

BY JOHN DALRYMPLE, ESQ.

Assistant Surgeon to the London Ophthalmic Infirmary.

[In the early part of last year, Mr. D., having pursued some anatomical investigations of the structure of the human placenta at the term, and having made several drawings of the injected capillaries of the tuft, afterwards had an opportunity of seeing the copies of Weber's drawings given in the Icones Physiologicæ of Wagner, and transferred to the pages of Dr. Willis's translation of the latter author's Physiology.

The resemblance of the present drawings to those given by Dr. Willis was so striking as to go far, of itself, to prove the correctness of both draughtsmen, and to corroborate the views entertained by Weber of the anatomical conditions of the organ. They differ also from the engravings of Dr. Reid (given in the January number of the Edinburgh Medical and Surgical Journal for 1841,) inasmuch as no where could be seen an artery and vein running side by side, forming an apparent single vessel, though with a double tube, and terminating abruptly in blunted extremities, where the anastomoses took place between them.

The following are the results of Mr. D.'s researches and examinations, as given in a recent number of the London Medical Gazette :—]

1. That the placenta was made up of the innumerable subdivisions of the umbilical vessels, terminating in beautiful coils and convoluted capillaries, which formed tufts or bouquets of vessels clothed by a prolongation of the endo-chorion derived from the fœtal surface of the organ

2. That nowhere did a division of an umbilical artery terminate otherwise than in a branch of the umbilical vein ; and each branch, as well as tuft of vessels, was covered by a prolongation of the before-named membrane.

3. Thus each tuft was, in fact, a real villus : the endochorion being covered enternally with an epithelium-like tissue, having nucleated cells and corpuscles.

4. The uterine surface of the placenta is covered by the decidua, which does not appear to enter further into the structure of the organ than between the lobules ; and the depth to which it thus penetrates varies with the depth of the fissures.

5. That fibrous bands stretch from the fœtal to the placental surface of the organ, giving firmness and support to the vessels.

6. That there are no defined cells in the placenta, but that the nutrient fluids of the mother are poured into the interstices of the tufts, which are not bound or connected together by a common cellular tissue.

7. That on the decidual surface of the placenta are thinly scattered, here and there, blunt conical papillæ, about a line and a half in length, made up of innumerable coiled and contorted capillaries. Query.—Are these the analogues of the fœtal cotyledons of the ruminant ?

From these observations, which were given in a minute detail, the author has attempted to simplify the functions of the human placenta.

He observes, that in the incubated egg, in consequence of the non-connexion between the embryo and parent, that a nutrient and a respiratory organ is indispensable, and hence the more complicated system of vessels. That in the oviparous vertebrata, the vitellary sac and the omphalo-mesenteric vessels represent the placenta of mammalia, which is the absorbent organ of the fœtus. But while in the one case the nutrient materials of the mother, already aërated by her lungs, are conveyed by the uterine arteries for absorption and nutrition of the embryo, in the other the materials of the blood are absorbed by the folds of the vitelline sac, and conveyed through the circulation of the young bird, requiring, however, contact with oxygen for a second circulation: hence a new membrane, or one that is persistent up to the time of independent respiration, viz. the allantois: and hence also the more complicated system of its vessels. The allantois, as a respiratory membrane, exists only as a rudimentary organ in mammalia, and the function of the placenta being solely that of nutrition by already oxygenized materials, the cord contains only a simple system of incurrent and excurrent vessels.

Teeth of the First Dentition.

The opinion that the preservation of the teeth of the first dentition is unimportant, inasmuch as they are soon removed by the operation of nature, and are then succeeded by those of the second—a larger, stronger, and withal more numerous set—is not only erroneous, but it is fraught with danger to the health of both. Dr. Harris, in treating upon the importance of the preservation of the first teeth, to the health and durability of the second, says:—'It is very important that the deciduous teeth should be preserved until they are removed by the absorption of their fangs; because, in their health is involved the durability and health of the permanent teeth.' When the first teeth continue healthy, until by the destruction of their roots, they are removed to give place to the second, these latter are generally well arranged, of a hard and firm texture, and, in consequence, less liable to disease than when developed in the midst of unhealthy parts, as they usually are when the former are allowed to decay, for it is to this, that the morbid affections which are so often met with during early childhood, in their sockets and surrounding gums, are in a majority of cases attributable. The teeth of the second set are formed behind and beneath those of the first, and any unhealthy condition of these latter or their contiguous parts, proportionate to its nature and extent, disturbs the process of the formation of the former. The earthy material that enters into their composition, is caused to be by it less.

[We quote these highly judicious remarks from the *Baltimore Guardian of Health*, an excellent little periodical, published under the auspices of the Association for the promotion of Dental Science.—Ed. L.]

Treatment of Pneumonia. By Dr. Watson, Lecturer on the Practice of Medicine in King's College, London, &c.

We want some remedy, therefore, to assist the lancet, or to employ alone when the lancet can do no more; and we have two such, in *tartarized antimony* and in *mercury*. The tartar emetic plan I believe to be the best adapted to the first degree of the inflammation—that of engorgement; and the mercurial plan to the second—to that of hepatization.

I need not tell you that the tartarized antimony is not given in this disorder with the object of producing vomiting. It is a very curious thing, that although when administered in a considerable dose, its first effect is often that of exciting sickness, and perhaps purging, a repetition of the same dose is, in the majority of cases, at length borne without any farther vomiting. The stomach comes to *tolerate* the medicine, as our continental brethren say; and then its beneficial influence upon the disease is no less marked than when nausea and vomiting take place. Some patients do not vomit at all; others, the majority in fact, vomit two or three times, and then *tolerance* is established. If the sickness and purging go on, they may be checked by adding a few drops of laudanum to each dose. Dr. Thomas Davies, who had tried this remedy largely, and, as he tells us, with great success, gives the following as his own plan of administering it, and perhaps it is as good as any. After free bleeding, he begins with one-third of a grain of tartar emetic in half a wine-glassfull of water, with a few drops of laudanum or syrup of poppies. Two doses of this strength he gives at the interval of one hour from each other. He then, if the patient does not vomit, omits the opium, but continues it if he does, doubling, however, the quantity of the tartar emetic, giving two-thirds of a grain for two successive hours; and in this way he goes on, adding two-thirds of a grain every two hours, until he reaches two grains every hour. This last quantity he has not exceeded, and he says he has continued it for many days without producing any injurious effect.

Under this plan of treatment the symptoms will often undergo a marked change for the better, in three or four hours. Sometimes, however, the relief is not conspicuous for twenty-four or even for thirty-six hours. He states, and this is accordant with my own experience of the remedy, that the tartar emetic always acts best when it produces no effect except upon the inflammation itself; i. e. when it does not produce vomiting, or purging, or a general depression of the powers of the system. This is an important practical remark, because mady persons have supposed that it subdues the disease only when it previously gives rise to these effects. I consider this testimony of Dr. Davies to the power of the tartarized antimony in controlling inflammation of the lung the more valuable, because he informs us, that before he had occasion to see its admirable effects in the first stage of pneumonia, he had been in the habit of trusting to the free use of mercury, after due depletion.

When the dyspnœa has been put an end to by antimony thus exhibited, the medicine may be intermitted; and if the inflammation show any disposition to rekindle, it must be again extinguished by a repetition of the tartar emetic.

When, however, the inflammation has reached the second stage, that of solidification, mercury is more worthy of confidence in my opinion, than tartarized antimony. And I have little or nothing to add to what I formerly said in respect to the mode in which it ought to be administered. The only object of giving it is to make the gums tender; and it is expedient to do this as speedily as may be. Small does of calomel repeated at short intervals—a grain every hour, or two grains every two hours, or three grains every three hours—combined with so much of laudanum or of opium as may be requisite to prevent it from running off by the bowels—offer the most certain way of accomplishing our object. If the bowels are irritable under the calomel, blue pill, or the hydrargyrum cum cretâ, may be substituted for it with advantage: and if the internal use of mercury be any how contra-indicated, or if it appears slow in occasioning its specific effect, the linimentum hydrargyri may be rubbed in, or the strong mercurial ointment.

Many persons, I am persuaded, are saved by treatment of this kind, pushed to slight ptyalism: the effusion of lymph, tending to spoil the texture of the lung, is arrested; and the lymph already effused begins to be again absorbed: and the ease and comfort of the patient, as well as the alteration for the better of the physical sounds, attest the healing qualities of the remedy.—*Medical Gazette.*

[We think that the remarks of Dr. Watson are well entitled to attentive consideration, as there can be little doubt that tartarized antimony is not in all cases as judiciously used as it might be. Dr. Thomas Davies, a very excellent practitioner in the British metropolis, says Mr. Braithwaite, first bleeds freely in pneumonia; he then begins with one-third of a grain of tartarized antimony in a little water, with a few drops of laudanum; he repeats this dose every hour for twice, he then doubles the dose for the next two hours, and goes on adding till he reaches two grains every hour, which dose he has not exceeded, but has exhibited for several days without any unpleasant results. We regard this treatment as very judicious.—Ed. L.]

Acupuncture of the Heart in Apparent Death. By Dr. A. Carraro.

Dr. Antonio Carraro informs us, in the *Annali Universali di Medicina*, that he has successfully used *acupuncture* in cases of apparent death. He performed the following experiment before several individuals. An eight days' old cat was kept under water till all motion ceased, when the animal was taken out: the tongue protruded from the mouth, and was covered with froth. The extremities were stiff, there was no pulsation of the heart, and every other sign of life was absent. On being cast into the water for the second time it sank to the bottom. It was then taken out, exposed to the sun, and dried with warm towels. Abdominal frictions were ineffectually practised, and it was not until the lapse of three-quarters of an hour after the disappearance of the signs of life, that acupuncture was had recourse to. A needle was pushed onwards through the heart, until its point rested on the vertebral column. Five minutes had hardly elapsed, when the needle was observed to move, which indicated a movement of the heart. This motion increased, which was soon followed by movements of the upper extremities, then respiration, crying, and lastly movements of the whole body. The animal continued to live, and suckled its mother.

This same experiment was frequently repeated with similar effects, from which Dr. Carraro concludes, that puncture of the heart is not only a useful but a safe operation. He concludes his remarks by trusting that his method may be tried in cases of asphyxia.—*Froriep's Notizen, &c.*, vol. xv.

[We certainly are not prepared to acquiesce in the propriety of attempting this experiment in the human subject.—Ed. L.]

Treatment of Tape Worm. By Dr. Wawruch, Professor of the Practice of Medicine in the University of Vienna.

[In 206 cases of tape worm, Dr. Wawruch found the following treatment the most efficacious :]

As a preparatory step, all the patients took a laxative decoction with sal ammoniac, for three, four, or five days, and ate nothing but weak soup thrice a day. In eight cases the worm was expelled by the mere effect of continued abstinence. The anthelmintic remedies employed were, castor oil, and the powdered root of the male fern. From one to two table spoonsful of the oil were given as a dose, alternately with one or two drachms of the powder twice or thrice a day.

Enemata of oil and milk were frequently thrown up, to attract the worm towards the large intestine, and it was observed, that the effect of the drastic was always most sure when given a certain time after the last dose of fern, than at once. The drastic purge employed was composed of equal parts of calomel, gamboge, and sugar, two to eight grains of each for a dose. In many cases a single dose brought the worm away, but in others three to six doses were required. The period at which the worm was discharged was very various. In eight cases, as has been already remarked, it was expelled by the mere effect of hunger; in thirteen cases, by the anthelmintics alone; in eleven by the first, in fourteen by the second, and in fifteen cases by the third drastic purge; and, generally speaking, it was expelled within one to twelve hours after the last drastic. In a few cases, two, three, four (and in one twelve) days elapsed after the last purge, before the worm was expelled. The tænia is not exclusively a *solitary* worm, for in nine cases there were two worms, of different ages and development; in two cases three worms. In one very remarkable case, four worms were discharged, and this patient still suffers from the complaint. Of the 206 cases only twenty-six had a relapse; twenty of these came twice, five thrice, and one of them four times to the hospital. Some came in two to four months; two in nine months; two in a year. Generally speaking, the patient may expect to be entirely freed from this disease, if he pass ten or twelve weeks without discharging any remnants of the worm.—*Provincial Med. and Surg. Journal.*

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Liberality of the Stuyvesant Institute School to Quacks.

TO THE EDITOR OF THE LANCET.

Sir :—

It is greatly to be regretted that the medical profession in America may be but too justly taunted, as well for the prevalence of a mercenary spirit, which crucifies science for the sake of a dollar, as the great number of uneducated and unprincipled practitioners, who disgrace the profession, particularly in our large cities, and openly trample on morality, modesty, and human life. Yet we did not think we should be sunk so low in the pit of disgrace, as we have been by an Institution, which boastingly proclaims as its object, the exaltation of medical science in the United States, and has now commenced its work by making its *alumni* the associates of an advertising p–x doctor! That such is the fact, you may satisfy yourself by referring to the list of medical graduates at the Stuyvesant Institute, where you will see the name of a man named Corbitt, residing at the corner of Chamber and Duane streets. Is it then come to this, that the diligent and well-educated student, after a lengthened period of toil and study, is to see a fellow who does not know an os femoris from a drum stick, elevated to the same station as he—to shake in fellowship his pure and unsullied hands? Are this Faculty determined that our ears and eyes should be shocked with more horrible cases of legalised murder? We hope, for their own sake, that the faculty were ignorant of this man's professional character; but how he could pass an examination is inexplicable, unless, he being a *bashful man*, brought to the aid of his professional knowledge that powerful persuasive used in ancient times with so much success by Philip of Macedon.

By noticing the above in your valuable periodical, you will confer a favor on the profession at large, and the subscriber may make some further interesting disclosures.

A Student at the Stuyvesant Institute.

New York, March 19, 1842.

Columbia College, Washington, D. C.

TO THE EDITOR OF THE LANCET.

Mr. Editor :—

Having been a constant reader of the Lancet, and admiring the bold, independent stand you have taken, and your apparent determination to be the organ of no one school, or *clique*, but to afford to the medical student, as well as to the young practitioner, an opportunity of learning the character and standing of all, I have felt emboldened, though a stranger, to address you a few words respecting a medical school, which has been in existence for a number of years, but which has not attracted the attention of the profession to the degree which its merits deserve. I refer to the Medical Department of the Columbia College, Washington, D. C. This institution was founded, I believe, in 1823 or '4, and among its first professors were, Dr. Thomas Sewall, the present Professor of Pathology and Practice; the lamented Stoughton, one of the most accomplished scholars who ever graced our profession in this country, and others, now no more, but who reflected a lustre around it, which called many students to its halls, and among its graduates are reckoned some of the first practitioners of the South. In 1838 it was reorganized, and the following are the professors at this time:—

Thomas Sewall, M. D., Prof. of Pathology and Practice.

Thomas Miller, M. D., Prof. of Anatomy and Physiology.

John Frederick May, M. D., Prof. of Surgery.

John M. Thomas, M. D., Prof. of Materia Medica.

Harvey Linosly, M. D., Prof. of Obstetrics.

Frederick Hall, M. D., L. L. D., Prof. of Chemistry.

Samuel C. Smoot, M. D., Demonstrator of Anatomy.

Of Dr. Sewall it were superfluous for me to speak. Few men are more widely known by their writings, in our own country and in Europe, than Dr. S.; and, as a lecturer, he is eminently practical, always ready and desirous to communicate from the vast resources of his experience, something which will be of benefit to the student, when called to the bedside of his patient: few men possess more untiring industry in the collection of facts, and in their classification in such a form as to make them practically useful.

Dr. May, although a young man, possesses abilities, which must, in a few years, place him among the first surgeons in our country. A residence of three or four years in Paris, during which he was engaged in the most constant attendance upon the hospitals, gave him ample opportunity of performing and seeing performed all the operations, which the daring and the skill of the chirurgeon has yet led him to attempt. Although I have seen several of the great masters of surgery in this country, (and all those of eminence in your city, in particular,) operate, I have never seen a surgeon wield the scalpel or the bistoury with more ease, elegance, and facility than Dr. May.

Dr. Hall, the venerable Professor of Chemistry, is by no means a man unknown to fame. Distinguished in early life as a geologist, he has probably investigated the geology and mineralogy of our own country, more fully than any other man living, and in two successive tours through the various countries of Europe, he has accumulated a fund of valuable information, which no one can communicate in a more felicitous style than himself.

Dr. Lindsly, the Professor of Obstetrics, is a man every way well qualified to fill the station which he occupies. His knowledge of the subject is accurate and thorough, his lectures are clear, plain, unassuming, practical, never verbose, but always sufficiently full to convey his meaning accurately.

Professors Miller and Thomas are men of distinguished acquirements in the important departments placed under their superintendence, and their talents as public lecturers are of a high order. The same may be said of the Demonstrator of Anatomy, Dr. Smoot, whose bland and amiable manners will not soon be forgotten by the class who have just graduated.

It may be well to mention, for the benefit of those whom it may concern, that the faculty of this school have passed a resolution to receive two students from each state, and one from each territory, to a gratuitous course of lectures, on the recommendation of the senators of the respective states; a provision which, while it is highly honorable to the faculty, opens the door to many deserving students to pursue the studies which will fit them to enter the profession, of which they may afterwards become the brightest ornaments.

The lectures commence every year on the first Monday in November, and continue until the first of March. At the recent commencement, the degree of M. D. was conferred on twenty young gentlemen from different parts of the Union, many of whom bid fair to become eminent members of the profession.

Yours, respectfully,

L. P. B.

Baltimore, March 8, 1842.

The Grave-Yards of London, and their Effects.

[From the proceedings of a recent meeting of the 'London Medical Society,' we make the following interesting extract, in reference to a very important subject, to which we not long since directed the attention of our readers—the pernicious practice of inhumation in cities and towns:—]

Mr. Hutchinson related the following case. He was called on Monday morning, the 15th of March, to attend a girl, aged 14, who was suffering under the following symptoms:—Pulse 130, weak, and easily compressed; tongue dry, and covered with a dark-brown fur; skin burning hot; breathing much oppressed. She complained of great thirst, of pain in the head and back, and soreness over the extremities; there was extreme restlessness and prostration of strength; great anxiety of countenance; and low, muttering delirium; bowels costive; urine high-colored. In fact, she suffered from all the symptoms of typhus gravior, or putrid fever, in a formidable degree. Leeches were immediately applied to the temples; saline medicines were administered internally; and vinegar and water applied to the head. The next morning, the 16th, she had passed a bad night, but the pain in the head was much relieved. The other symptoms were nearly the same. A blister was applied to the nape of the neck. On the 17th she had passed a better night, but still complained of soreness over the body and extremities. A drachm of vinum colchici was added to her saline mixture. In the evening her catamenia appeared for the first time. On the 18th she was much better, but complained of a troublesome cough, which left her in the course of a few days, and she then gradually recovered. On the 30th Mr. Hutchinson saw her again; a rash had a few days previously made its appearance, much resembling the nettle-rash, and attended with intense itching over the body and extremities. This was relieved in less than a week by warm bathing, and the use of some saline aperient; but it has continued more or less until the present time.

Upon inquiry into the previous history of this case, Mr. Hutchinson learnt from her mother, a pew-opener, that the patient had recently returned from school; and on the Friday previous to his seeing her had assisted, during three hours, and on Saturday during one hour, in shaking and cleansing the matting of the aisles and pews of a large city church; that this work was generally done once in six weeks; that the dust and effluvia which arose had a very fœtid and offensive odor, very unlike the dust which collected in private houses, and had the effect of always making her (the mother) ill for, at least, a day afterwards; and that it used to make the grandmother of his (Mr. H.'s) patient so unwell, that she was compelled to hire a person to perform her duties. His patient felt poorly on the Friday after her exertion, and complained of severe rigors, pains in the head, and other symptoms of fever. The church in question was situated in the centre of a small burying-ground, which had been used for the interment of the dead for centuries; the ground was raised much above its ordinary level, and was strongly saturated with the remains of humanity. There were vaults beneath the church, and persons buried in them had their coffins leaded.

In this case Mr. Hutchinson had thought that the fever had arisen from an animal effluvia which had collected in the mats, and had come into contact with his patient during the time she was assisting in shaking them. She had, however, previously been exposed to cold, and had used large quantities of water in washing out the church, but he could scarcely think it possible that so severe and so rapid a disease could have arisen from cold alone. He should be glad of the opinions of the members in reference to the influence which the effluvia had in the production of the fever. A lady he knew, who was in the habit of visiting the church in question, had always headache afterwards.

Mr. Pilcher thought the facts detailed were of so much importance, that it was the duty of Mr. Hutchinson to communicate them to the Home Secretary, who was at present engaged with a Bill, having for its object the better draining of the metropolis, the church-yards of which were also in such a defective state, that it would be of great service to the community if burials within the metropolis were altogether done away with. Mr. Hutchinson's case was but a solitary one, but it corroborated other facts of a similar kind which had been brought before the public, all tending to show the danger of burials in crowded neighborhoods. He thought that the effluvia from the mats had been sufficient to produce the fever.

Mr. Dendy thought that every philanthropist would be anxious to adduce evidence that might tend to do away with burials in cities and towns, and to the removal of bodies to cemeteries on the outskirts. The case of Mr. Hutchinson was an addition to the many given to the public by Mr. Walker, in his work on Grave-yards.

Dr. Johnson referred to the removal of the bodies from the sepulchre of the Innocents at Paris, from which no ill effects followed.

Mr. Dendy was not aware that no ill effects had followed the proceeding alluded to, but he was fully aware that precautions were taken to avoid evil consequences, which would, moreover, be prevented by the absence of fear in the persons employed. When the plague raged at Malta, the courageous governor and a party of soldiers removed the dead bodies with impunity; whilst others, more fearful, took the disease.

Mr. Pilcher said that a great quantity of adipocere surrounded the bodies which were removed from the sepulchre of the Innocents, and hence any effluvia was prevented. The dissecting-room did seem to originate fevers, for towards the end of the session fever was by no means uncommon among the students: it was true, however, that many of them were in a depressed condition from over-work, a peculiar mode of living, and perhaps from the fear of the college before their eyes.

Mr. Leese had lately attended a lady, whom he was obliged to prohibit from going to a church in the north-west part of London, in consequence of the injury she had sustained repeatedly, from the effluvia proceeding from the vaults beneath the building. These vaults were nearly full of coffins, piled one above another, some of them having given way from the weight imposed on them.

THE COMMENCEMENTS.

University of New York.

The first annual commencement of the Stuyvesant Institute School of Medicine, New York, was held in the Chapel of the University, on Monday, the 7th inst. The weather was stormy, but a highly respectable audience assembled. The degree of Doctor of Medicine was conferred on the following gentlemen; the majority of whom, we are happy to add, bid fair to adorn their profession:—

N. N. Abbott, Vt.
J. L. Allen, New York.
B. Babcock, do.
S. C. Bateman, do.
G. J. Bennett, do.
J. Busteed, do.
A. Brunson, Tennessee.
J. S. Calef, Maine.
S. B. Clark, Ohio.
W. Coleman, South Carolina.
H. Cook, New York.
M. Corbitt, do.
E. Crowell, do.
W. Darling, do.
J. R. Dickson, Canada.
A. Fair, Pennsylvania.
J. W. Fair, Alabama.
J. F. Forbes, Nova Scotia.
J. M. Frey, New York.
E. Gibbons, Delaware.
T. A. Glass, Alabama.
S. H. Hayne, South Carolina.
G. W. Hazeltine, New York.
J. A. Holland, Georgia.
B. C. Jones, Alabama.
G. P. Kern, Pennsylvania.
J. Lillie, New York.
W. D. Maddux, Georgia.
D. McDaniel, N. Hampshire.
P. D. McKissack, N. Jersey.
J. W. Melbourne, Mass.
F. Morris, New York.
H. F. Noyes, do.
N. R. Oliver, Canada.
H. H. Paulling, S. Carolina.
S. B. Phillips, Massachusetts.
N. S. Pike, Connecticut.
J. M. Porter, Maryland.
J. Pownall, New Jersey.
J. E. Roberts, Rhode Island.
W. F. Robertson, S. Carolina.
J. Shanks, New York.
W. W. Stedman, N. Carolina.
E. Swift, Rhode Island.
G. M. Taft, Massachusetts.
P. T. Ten Eyck, New Jersey.
C. Walke, Ohio.
W. Waterhouse, New Hampshire.
J. H. Whittaker, New York.
A. Williams, N. Carolina.
C. G. Young, Alabama.

College of Physicians and Surgeons, New York.

We have not received the list of the graduates this year at this venerable institution, but hope to be enabled to publish it next week.

Jefferson Medical College, Philadelphia.

The annual commencement of the Jefferson Medical College, for conferring degrees, took place on the 7th inst. at noon, in the Grand Saloon of the Musical Fund Hall, and the ceremonies were witnessed by an exceedingly large and fashionable audience. The degree of Doctor of Medicine was conferred by Dr. Green, upon the following graduates:—

Horace D. Ashton, Virginia.
Otis Ayer, N. Hampshire.
Elisha Brown, Ohio.
Wm. M. Byars, Kentucky.
Robert S. Beazley, Virginia.
Jas. Bringhurst, Delaware.
W. S. Bishop, Pennsylvania.
A. Nelson Bell, Virginia.
Jas. D. Browder, do.
W. T. Craige, Pennsylvania.
W. E. Cooke, Nova Scotia.
Frederick Crawley, Pa.
James W. Daily, Ohio.
Welding F. Dennis, Pa.
Richard H. D. Ewell, Tenn.
Jas. E. Ford, Virginia.
Chas. Huston, Pennsylvania.
Sterne Hotchkiss, Conn.
H. M. Humphrey, Pa.
David H. Houston, Del.
Clement R. Harris, Va.
Alfred C. Holt, Mississippi.
John W. Irby, Virginia.
Henry W. Johnson, Pa.
George C. Jones, Delaware.
Oliver W. Kellogg, Conn.
Chas. S. Lyon, Pennsylvania.
James W. Lyle, do.
John G. Logue, do.
Charles May, Virginia.
Andrew S. McMurray, Pa.
Gerrard F. Mason, Virginia.
Robert McElrath, Pa.
John M. Nunn, Virginia.
Patrick M. O'Brian, Ireland.
Stephen Proctor, Mississippi.
Wm. P. Rothrock, Pa.
Benj. F. Rea, Georgia.
John K. Robins, Pennsyvania.
Elijah B. Richman, N. J.
Ossian Sumner, Conn.
Mich. Steck, Pennsylvania.
Slater B. Stubbs, do.
Jackson Shæffer, do.
Benjamin Smith, do.
Wm. H. Scott, do.
John Schrack, Jr. do.
Wm. W. Sweat, Maine.
Thos. W. Shelton, Virginia.
Peter Le B. Stickney, Pa.
David T. Trites, Pa.
Chas. F. Williams, Alabama.
John H. Weir, Pennsylvania.
Gillet F. Watson, Virginia.
Charles Wiggins, N. Hampshire.
George B. Weiser, Pa.
Hervey M. Whitaker, Ky.
Robert S. Woddrop, S. C.
John H. Miller, Maryland.

The Honorary Degree of Doctor of Medicine was conferred by vote of the Trustees, on Dr. Joseph Frazer, of Pennsylvania, and John Cooper, of Poughkeepsie, N. Y.

Antommarchi's Anatomical Plates.

A copy of this magnificent and rather rare work is offered for sale by Wiley & Putnam, of this city, at a price much below its original cost. It would form a splendid and very desirable addition to a College Library.

To Correspondents.

Our friend who writes respecting 'Dunglison's Medical Library,' is informed that Messrs. King & Co. 199 Broadway, are the agents for the work in this city.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending March 12, 1842.

38 Men, 40 Women, 58 Boys, 36 Girls. Total, 172.

DISEASES.

Apoplexy	3	Intemperance	1
Asthma	0	Inflammation	0
Asphyxia	1	Of liver	0
Abscess	1	Of bladder	0
Aneurism	0	Of brain	6
Bleeding	0	Of stomach	2
Bleeding from stomach	0	Of chest	4
Bleeding from lungs	0	Of lungs	6
Burned or scalded	0	Of bowels	4
Casualties	0	Of throat	1
Cholera infantum	1	Of womb	0
Cholera morbus	0	Jaundice	0
Cancer	1	Killed or murdered	0
Consumption	39	Locked-jaw	0
Convulsions	15	Lues Venera	0
Croup or hives	1	Mortification	0
Debility	0	Malformation	1
Delirium tremens	2	Marasmus	2
Diabetes	0	Measles	1
Diarrhœa	0	Old age	2
Death from poison	0	Organic disease of heart	3
Dropsy	3	Palsy	0
Dropsy in head	11	Rupture	0
Dropsy in the chest	2	Rheumatism	0
Drowned	2	Spinal disease	1
Dysentery	2	Suicide	1
Erysipelas	1	Sprue	0
Epilepsy	2	Small-pox	7
Fever	1	Scrofula	1
Scarlet	10	Teething	4
Typhoid	3	Tumor	0
Puerperal	2	Unknown	0
Remittent	4	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	0	Varioloid	3
Intermittent	1	Whooping cough	0
Hip Disease	0	Worms	0

William A. Walters, City Inspector.

City Inspector's Office, March 12, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, MARCH 26, 1842. No. 13.

REVIEW DEPARTMENT.

Lectures on the Physiology, and Diseases and Derangements of the Nervous System.

BY MARSHALL HALL, M. D., F. R. S. L. AND E., ETC.

No. I.

[A large octavo volume, of some five hundred pages, has recently been issued from the London press, containing a course of Lectures on the Physiology and Diseases of the Nervous System, delivered by Dr. MARSHALL HALL, at the Webb-street School of Medicine, Southwark, London, in 1837–8. We have thought that the publication in the *Lancet*, of the most important portions of these lectures, would be deemed a very acceptable service by most of our readers; and accordingly present in our present number, the first of a series of articles which will embrace the whole of Dr. HALL's splendid physiological discoveries, and his eminently scientific views of the pathology and treatment of the diseases of the nervous system.]

The Physiology of the Nervous System.

In order to convey a distinct idea of my views of the nervous system at once, I shall begin by the detail of one experiment and the performance of another.

A horse was struck with the poll-axe over the anterior lobes of the brain. It fell instantly, as if struck with a thunder-bolt; it was convulsed, and then remained motionless. It shortly began to breathe, and continued to breathe freely by the diaphragm.

When lacerated or pricked by a sharp or pointed instrument, as a pin or a nail, on any part of the face or surface of the body, it was totally motionless, manifesting no evidence of sensation or volition.

When, on the other hand, the eye-lash was touched with a straw, the eye-lid was forcibly closed by the action of the orbicularis. When the cornea was touched, the eye-ball revolved outward by the action of the abducens. When the verge of the anus was touched, the sphincter contracted forcibly, the tail was raised, the vulva was drawn towards the anus.

The upper part of the medulla oblongata was now destroyed by an instrument passed through the orifice made by the poll-axe: there were violent convulsions; the respiration ceased, and the eye-lid and eye-ball remained motionless on the application of stimuli.

Now, I imagine that it will not be disputed, that the blow of the poll-axe, in this case annihilated the cerebral or sentient and voluntary functions; and that a peculiar set of excito-motory phenomena remained. Deep lacerations produced no evidence of the former; the touch of a straw induced a full manifestation of the latter. The destruction of the medulla oblongata removed all trace of excito-motory phenomena in the eye-lid and eye-ball.

You observe this living frog: its sentient and voluntary functions are obvious. I divide the spinal marrow, below the occiput, with these scissors: all is still. There is not a trace of spontaneous motion. The animal would remain in this very form and position, without change, until all signs of vitality were extinct. But now I pinch a toe with the forceps. You see how both posterior extremities are moved. All is now still again; there is no spontaneous motion, no sign of pain from the wound made in the neck. It is without sensibility—without volition; the power to move remains—the will is extinct. I now pinch the integument. You observe the result—the immediate recurrence of excito-motory phenomena.

I now destroy the whole spinal marrow with this probe. It is in vain that I pinch the toes; the animal, the limbs are motionless!

Could the former excited motions be those of irritability? I will try the truth of this suggestion by seeing whether, now that the axis of the excito-motory system is destroyed, with its phenomena, the application of a slight galvanic shock will prove the subsistence of irritability. You see how instantaneously and forcibly the muscles are stimulated to constraction.

Is not the proof, from these experiments, of the distinction between the motions of volition of the excito-motory system, and of these from those of irritability, perfectly and unequivocally complete?

I must now proceed more systematically with my lecture.

I shall not detain you long with the physiology of the cerebral subdivision of the nervous system; it embraces sensation, perception, judgment, volition, and voluntary motion.

The senses are the smell, the sight, the hearing, the taste, and the touch; they convey to the mind all we know of the external world. Perception is derived from them. Volition is a subsequent mental act, and voluntary motion a frequent result. And thus the motions which result from sensation always imply volition; but as volition may exist without any previous sensation, the voluntary motions are frequently spontaneous. It is by this character that the motions which belong to the sentient and voluntary system are distinguished from those which belong to the excito-motory: these are never spontaneous; they are always excited. Even the motions of respiration, as far as they belong to this system, are excited motions, as I shall show immediately. Legallois, M. Flourens, Sir Charles Bell, are equally in error, I think, when they consider the medulla oblongata as the source, the *primum mobile*, of the respiratory motions; it is the channel through which the excitors act, and the organ which combines the different movements which constitute the acts of respiration; but the true source of these movements are certain excitor nerves,—the excitors of respiration,—and principally branches of the pneumo-gastric, but also of the fifth and spinal nerves. Equally remote from the truth, I think, is the opinion of Dr. Philip and Mr. Mayo, that the acts of the respiration are entirely voluntary. This is, in fact, a mixed function, as all the acts of the excito-motory system may be; and although generally belonging to the excito-motory system, yet capable of being affected through the medium of volition. This subject will be pursued hereafter.

A point which belongs more immediately to our present subject,—the cerebral system,—is that of the influence of the senses over the acts of volition.

There is a case of anæsthesia, published by Dr. Yelloly, in the transactions of the Medico-Chirurgical Society, vol. iii. p. 99. The patient could hold a cup in her hand securely, if she kept her eyes fixed upon it; but if she ceased to look at it, it fell to the ground. I have this day seen a patient with a slight degree of paralysis of feeling and of voluntary motion in his lower limbs. He walks safely whilst his eyes are fixed upon the ground, but stumbles immediately if he attempts to walk in the dark. His own words are, 'my feet are numb; I cannot tell in the dark where they are, and I cannot poise myself.' The voluntary motions are regulated by the sense of touch, when this is unimpaired, or by that of sight, when the touch is paralysed.

Many attempts have been made to localize the functions of the cerebrum; that is, to prove certain functions to be attached to certain parts of that organ; without, however, much success. The facts supplied by pathology certainly lead us to the conclusion that the hemispheres of the cerebrum and cerebellum regulate the voluntary movements of the opposite side of the body; whilst the medulla oblongata and spinalis convey these acts of volition to the corresponding side. It has been asserted, from similar facts, that the anterior lobes of the brain govern the speech; the corpora striata, the inferior extremities; and the thalami, the superior extremities: but I fear these deductions are not sufficiently substantiated. The same remark must be made relative to the supposed connection between the cortical portion of the cerebrum and the intellectual faculties, and the cineritious portion, and the movements. I shall revert to these opinions immediately.

I now proceed to treat of the acts of the excito-motory system. As the designation of this system implies, there is always the application of an appropriate stimulus, or cause of excitement or irritation; this is followed by the contraction of peculiar sets of muscles. It is proved that the influence of the stimulus is carried along an excitor and incident nerve, to the medulla oblongata or medulla spinalis, and that it is reflected thence along other reflex or motor nerves. The incident excitor nerves, the medulla, and the reflex motor nerves, constitute the system. They remain as I have already stated, after the centre of the cerebral system has been removed by experiment, or destroyed by disease. Their distribution takes place principally about the larynx and pharynx, in connection with the medulla oblongata; and about the sphincters, in connection with the lower part of the spinal marrow; and hence they especially guard the orifices and exits of the animal frame. Other parts of the system govern the acts of ingestion,—deglutition, and respiration;—and the acts of excretion,—of the fæces, urine, and semen. A third portion of the system gives general tone to the muscular egestion, and consequently to the limbs.

I shall now explain the manner in which these several acts and functions are performed.

I have detailed the experiment of a horse, felled and reduced to a state of insensibility by the poll-axe. No infliction upon the skin, by a pin, or other pointed instrument, was felt—no voluntary motion induced; but the touch of a straw, applied to an eye-lash, or to the cornea, immediately induced forcible contractions of the orbicularis palpebræ, and the abducens oculi. There can be no doubt that a filament of the first branch of the fifth pair of nerves, or trifacial, conveyed the impression to the medulla oblongata; and that a filament of the seventh pair, or facial, reconveyed it from the medulla oblongata to the orbicularis, or the abducens nerve, to the abducens muscles of the eye. All this is wonderful, and, I believe, hitherto quite unknown to physiologists. But the light touch of the same portion of straw applied to the verge of the anus, induced a firm contraction of its sphincter. In this case the physiology is similar; but the anatomy is unexplored. Nerves which arise from the verge of the anus take their course to the spinal marrow; whence some mysterious influence is returned to the sphincter muscle!

These facts and this rationale may be taken *instar omnium.* Similar phenomena are presented to our observation in our daily visits to the sick. The symptoms of apoplexy and of hydrocephalus are only to be understood by a reference to the distinct functions of the distinct subdivisions of the nervous system. In the former there is perfect coma—blindness, deafness, perhaps insensibility to impressions which would, in other circumstances, be productive of pain; yet the patient breathes, and the sphincters still do their office. In hydrocephalus, or the hydrocephaloid disease, there may be a dilated pupil, with total blindness; yet, although the eye remains unclosed whilst the finger or any other object approaches the cornea, a touch of the tip of an eye-lash immediately induces the closure of the eye-lids! At length, with augmented disease, this phenomena ceases in its turn. The excitor nerve of the eye-lash loses its excitability, or the motor of the orbicularis its motor power: the eye-lids are unmoved on touching the eye-lash, and are permanently but half closed. The respiratory muscles and the sphincters fail in their several offices. These are interesting facts; for they not only denote the seat and the nature, but the degree of the disease.

Filaments of the fifth pair of nerves are the excitors distributed upon the border of the eye-lid and surface of the eye-ball,—upon the nostrils,—probably upon the fauces,—certainly upon the face,—and are the first agents inducing closure of the eye-lid, sneezing, vomiting and sobbing, when the eye-lash is touched, the nostrils stimulated, the fauces irritated, or cold water is dashed upon the face. Other, motor, nerves convey the reflex influence from the medulla oblongata to the orbicularis, and the various respiratory muscles whose actions are combined to the acts of sneezing, vomiting, and sobbing.

Filaments of the pneumo-gastric are the excitors, when carbonic acid gas, or a drop of water comes into contact with the larynx—when the dust of ipecacuanha is inhaled into the bronchia with the effect of inducing asthma,—in deglutition,—in ordinary respiration,—and in the act of vomiting produced by antimony in the stomach and calculi in the gall-duct or ureter.

There are several interesting and peculiar facts connected with the excito-motor system which I must briefly mention. If the fifth nerve in the fauces be irritated, vomiting is induced; if, on the contrary, the eighth in the pharynx be excited, the act of swallowing follows. It has happened, that when a patient has wished to excite vomiting by tickling the fauces with a feather, he has, by passing it into the pharynx, induced such an action of the muscles of deglutition, as has drawn it into the œsophagus. There are two interesting cases of this kind in the Medical Observations and Inquiries, vol. iii. p. 7, and vol. vi. p. 231. A similar event has occurred with regard to the female catheter: certain nerves being excited on introducing this instrument, an action of the muscles has been induced, which has drawn the catheter out of the fingers of the surgeon into the bladder. I show you a catheter which was extracted from the bladder after such an accident. The very case is detailed in the Medical Facts and Observations, vol. i. p. 96; and I am indebted for the catheter itself to the kindness of Mr. Copeland. Such cases are not rare even. My friend, Mr. Toogood, of Bridgewater, has been called to two such accidents, and extracted the catheter by the urethra. The cause of the occurrence has not been pointed out before. I believe a similar event has taken place in regard to the rectum.

I have already observed that the excito-motory division of the nervous system presides over the acts of ingestion and excretion;—over the ingestion of air, of food;—and over the expulsion of the fæces, the urine, the semen, and the fœtus. In reference to respiration, several facts render it probable, although distinct experiments are required to render it certain, that the act of ordinary inspiration is excited by the contact of a certain proportion of carbonic acid with the filaments of the pneumo-gastric nerves in the lungs: Dr. Faraday particularly mentions the fact, that the respiration can be suspended longer after repeated deep inspirations, by which the air of the lungs is completely renewed, than in ordinary circumstances: in Hook's celebrated experiment, a stream of atmospheric air was driven through the trachea, the lungs, and incisions made through the pleura in a living dog; the animal made no effort to inspire whilst this stream was continuous, but, when it was interrupted, the efforts of inspiration were violent and convulsive. In this manner we may understand the impossibility of suspending the respiration beyond a certain period. In this manner we understand why an animal dies convulsed from submersion under water if the pneumo-gastric nerves be entire, but without convulsions if they be divided.

Professor Mott's Lectures on Surgery.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

SESSION 1841–2.

After impressing on the students the importance of the early performance of the appropriate operation for the removal of the malignant polypus of the nose, and mentioning the names of several distinguished surgeons in America and Europe who had performed it, Dr. MOTT went on to speak of an affection which sometimes implicated the inferior turbinated bone. 'There is an affection of this bone,' said he, 'that begins in the membrane covering it, and soon affects the spongy structure itself. It is a peculiar affection, and from seeing, examining, and treating it, I have been led to call it

'CONDROMA.'

It is decidedly malignant. It has a peculiar and characteristic hardness. The forceps slips off it when you attempt to take hold of it, just as it would off bone. Whenever this affection makes its appearance, it is necessary, in order to save the patient, to pull away the bone, which can be easily done, for you know, with respect to the anatomy of these things, that the bone is attached very loosely, and when this substance appears, the only treatment is to pull away the bone.—There is also another affection of the nose which I call your attention to with great interest. It is pointed out by some writers—I mean what I have been pleased to call,

'THE CHERRY-LIKE REDNESS' of the membrane of the inferior turbinated bone. This is an affection frequently seen in children. I have seen many instances of it in strumous children. You do not meet with it in healthy children. A parent comes to you and points out to you a redness and swelling in her child's nose, and she wishes to know what it is. Now, I wish you to direct your attention particularly to this, in order that you may discriminate between these various affections of the nose. Now this affection of which we are speaking, is redder than any polypus ever was; it is also a great deal firmer; and if you take hold of it, it is very firm, but not at all like the hardness of the condroma. Now if you attempt to remove this, you will do violence to the nose, and perform an operation of very considerable severity if you attempt to pull it away as you would a polypus. Now let me warn you to prepare yourselves to discriminate between these things. Now what is the treatment for this? Just the same treatment as you would recommend in strumous habits. Recommend country air—sea air—sea-bathing, every thing that will invigorate the system. This is an affection *sui generis*, and will never be cured by depletory means, and hence in European towns, where the most squalid misery is to be seen, scrofula stares you in the face every where. Scrofula is a disease of the poor—of the rich, too—but it is begun in poverty, and continued by poverty, of course (?) Direct the mother to apply a lotion of the muriatic acid, the best of all the mineral acids I think. A piece of sponge in the form of a dossil, is to be wet with it, and pushed up the nose. That is all the local treatment it requires.

Lecture XXVI.

'The next affection,' said the learned Professor, 'to which I will call your attention, is what may be termed the

MALIGNANT SARCOMA OF THE POSTERIOR NARES AND FAUCES.

I have seen two instances of this, and both fatal. This is a tumor much harder than polypus. It affects the posterior nares and fauces. It is on both sides, and increases until it interferes with deglutition and respiration, and at last terminates fatally. The cases I saw were in boys, one ten, and the other twelve or fourteen years of age. In both cases I attempted to give relief, and succeeded in doing so, by repeatedly removing portions of the disease by means of the knife, scissors, ligatures, and wires. I do not know where the origin of it is, because I never have had an opportunity of making any post-mortem examination to ascertain the point whence it arises, and neither have I ever seen any description of this affection as occurring in this part. Suffice it to say, that the enlargement begins on both sides of the posterior nares and fauces. It is a great deal harder than any polypus. It is not accompanied with pain. In both the cases to which I have referred, I removed large portions from time to time, by means of double hook, scissors, &c. It bleeds very little, having the peculiar hardness of sarcoma. Whether it ever becomes studded with spiculæ of bone I cannot say. All we can do is probably what I have named. Inasmuch as it is where I have stated, no other than this temporary relief seems to be obtainable.

Eighth Annual Report of the Superintendent of the State Lunatic Asylum, Worcester, Mass.

The treatment of the insane is at present engrossing much of the attention of the enlightened members of the profession, and it is a subject which demands the most diligent investigation. The Asylum which has been for a number of years under the management of Dr. WOODWARD, is generally admitted to be one of the best conducted establishments in this country. We therefore examine with no ordinary interest the reports of this gentleman, and rejoice that we are enabled to contribute our share in spreading abroad the results of his enlarged experience and philosophic investigations. Our limited space precludes the insertion of a number of observations which we had intended to offer on the present occasion, and without further comment, we proceed to lay before our readers some very interesting remarks by Dr. Woodward, on

The Causes of Insanity.

There is no subject connected with insanity more interesting than the CAUSES of it. Of these the first inquiry is made in every case; its importance, both to the case itself, and to the community, is not over estimated. There are difficulties connected with it, however, that increase the obscurity beyond that of most other diseases. Insanity often comes on slowly and imperceptibly; the workings of disease are hidden from our view, and the real cause actually lies behind the apparent one. In this way intemperance, religious feeling, the solitary vice, and many others, are the supposed causes, when in fact they are only the effect of the first impulses of disease; so often is this true of the latter cause, that in my reports, (and I find some of my friends have done the same,) I have always said, 'produced or perpetuated' by this cause. That they are all fruitful causes of insanity, however, is undeniable, and perhaps, although they may sometimes be wrongfully accused, they may, nevertheless, not be more frequently applied than the truth will warrant. It is doubtless often true that one cause does not come alone in the production of insanity. Ill health, the derangement of a man's affairs, misfortunes of one kind or another, afflictions, disappointments, often come in clusters, and their combined influence disturbs that condition of the brain and nervous system upon which the integrity of the mind depends. There is another difficulty, hardly less formidable, in arriving at the true cause of insanity: it is the unwillingness of friends to disclose all they know of the origin and progress of the disease; that is particularly true of all causes which are considered disreputable. In all cases we get the best information in our power, and make our record accordingly. Intemperance still stands at the head of our list, having produced *one hundred and eighty-five* cases in the whole, and added *fourteen* the last year, to the previous number. To ill health are also attributed *one hundred and eighty-five* cases: this is rather a compound than a simple cause, embracing wounds of the head, and all varieties of disease that affect the nervous system, either directly or remotely. This is also a cause that is not considered disreputable, and we are able to get at it more easily than many others of a different description; for this reason it may sometimes be assigned as a cause, when in reality it is not so. The remarks applicable to ill health apply with equal propriety to domestic affliction, for under this term are also collected a number of influences, similar in effect, but unlike in kind; and if any serious evil of this kind has occurred to a patient, it may not unfrequently be assumed as a cause when some other less prominent influence has given rise to the disease.

The large number of cases denominated *hereditary*, require a passing remark; strong constitutional tendencies, derived from ancestors, affecting physical condition and mental and moral development, are discoverable more or less in all mankind; certain forms of disease affect certain families, and none more than insanity. This is what is, in these reports, denominated hereditary predisposition. It is not necessary to the existence of this influence upon the offspring, that the parents be actually insane, but that they, having peculiarity of nervous constitution, have entailed on their descendants this predisposition so strongly, that it exhibits itself in *one* or *many* of their descendants. In many reports hereditary predisposition is placed, in some cases, as the sole cause of insanity; I question greatly whether this is ever true; in my opinion there must be some exciting cause in all cases to bring into action this latent constitutional principle before disease is actually developed; when individuals are predisposed to this, or any other disease, they should studiously avoid these exciting causes, by which course they may generally be safe; they cannot always do this effectually, but in a large proportion of instances they will, by great prudence, keep clear of this great calamity. Many medical men disbelieve wholly in predisposition, while others refer to it half the evils that 'flesh is heir to;' the truth in this, as in most other cases, probably lies between. The following cases, from one family, have come under my care in the course of the last twelve months.

Towards the close of November, 1839, a young woman aged *eighteen*, was brought into the hospital in a state of complete dementia; she was not conscious where she was, nor who were around her; she would remain statue-like wherever she was placed, and neither ate nor drank, nor attended to the calls of nature, without being fed, or moved, by others; she gradually improved under efficient medical treatment, and in *four* months, some time in March, she returned to her friends, completely recovered. In April following, a little more than a month after this young woman left the Hospital, her mother was brought to our care, in a situation nearly like that of her daughter. Nothing could be worse than the situation of this woman. She improved slowly at first, but rapidly afterwards, and at the end of *three* months was restored to health and soundness of mind. She also returned to her home, and gave joy to afflicted friends in a restoration perfect and entire. She left the Hospital towards the close of July. In October, a son of the last named patient, and own brother of the first, aged *twenty-two*, was brought to the Hospital a furious maniac. The case was a bad one, the excitement continued long and severe: he is now improving favorably, with a fair prospect of recovery. Before there was any essential amendment in this last formidable case, another victim, from the same devoted household, came to our charge; the sister of the last named, and daughter of the one preceding, an interesting young woman of *twenty-four* years of age; and this was the worst case of all, for, in addition to common symptoms, was the debility and susceptibility of the puerperal state; her infant was one week old only, when the symptoms of this formidable species of mania were rapidly developed; the excitement was extreme, the mind perfectly chaotic, and jactitation so great as to require, in addition to restraint usual in such cases, the active vigilance of two experienced nurses. This patient is now convalescing, and we have reasonable ground to hope that both the brother and sister will return in less than a year from the time of the first sister's complete recovery; so that the *four* may be in a hospital, in the very worst circumstances, and all be well, in *one* year.

In the British Report, much is said about relapse; *one third*, and in some instances, *one half* their cases relapse. I am not able to say, what is the precise meaning which they attach to this word. From the very great number of relapses reported by some of their institutions, I have supposed that any recurrence of insanity, after one attack, was considered a relapse. In my opinion, this is a wrong view of the case. If, on a patient's return from an institution as recovered, some traces of disease are found to remain, or if, after a certain period of appearing quite well, the symptoms of insanity recur before perfect health has been established, it is, strictly speaking, a *relapse*. But if the period of a year, or many years, elapses before this recurrence takes place, and the individual has enjoyed a rational mind the whole time, and pursued his occupation, and appeared to all around him a rational being, the recurrence should not be called a relapse. The rule applicable to other diseases, is applicable to insanity. No physician considers a second attack of pleurisy, rheumatism, or colic, a relapse, if months, and particularly if *one* or more years have elapsed between the two attacks; although the predisposition or susceptibility is much increased by this first attack, and a second will occur from a much slighter cause. In case the individual is exposed a second time to the cause of insanity, which produced the disease in the first instance, such as intemperance, disappointment in business, domestic affliction, or ill health, there would be the strongest reason to believe, that the disease was wholly of new origin, independent entirely of the previous attack. The true philosophical view of the case is this: certain derangement of the brain and nervous system produce insanity of one kind or another; while these derangements continue, insanity continues with as much certainty as lameness continues from gout or rheumatism; when this derangement is removed, so that the functions of the brain and nerves are restored, then insanity disappears, as lameness disappears when the inflammation of gout or rheumatism subsides. It is a question of very serious import, whether an insane man, who has taken life in the excitement and from the impulse of his disease, should ever be enlarged. If he has not recovered from his insanity, the case to me is a clear one; the tendency to a recurrence of the act would be very strong, the circumstances of the case being the same. Every case of insanity has its peculiarities—the appetites, propensities, and passions are affected in different ways, in different cases. We will not stop to inquire, whether this arises from different conformation of the brain in different individuals, the fact is undeniable. One will tear his clothes and bedding, one will ornament his person, another will besmear himself with all kinds of filth; in one, benevolence will be active, in another a propensity to mischief will predominate; in a few the propensity is to kill, although such individuals may be generally harmless, yet at periods they are not so; and in many cases these impulses are so sudden that no precautions can prevent danger. Other cases, no less unsafe, are those who suppose that they are commissioned to execute the commands of Heaven by destroying a fellow-being; their plans are devised and executed with so much art and secrecy, that no vigilance will detect the danger, the fatal stroke is struck without warning, and the hapless victim knows not the agent that has inflicted the deadly blow. All such cases should be perpetually confined; no argument should weigh for a *moment* with a court of justice in favor of liberating such an individual. The fact that life has been taken, should overbalance all motives to send such a person into society again while the delusions and estrangements of insanity continue.

There is another case which, if not as clear, is one in which the propriety of liberation is questionable—it is a case of insanity arising from a specific cause, liable to occur at any time when that cause is brought to operate, in which the first impulse is a desire or disposition to kill. It is extremely questionable, whether such an individual should be permitted to have liberty again; in my view all right to liberty is forfeited by such an act, unless there is the clearest evidence of entire restoration, and the strongest probability that the cause of the disease will hereafter be avoided. If the cause is a voluntary one, the case is rendered still stronger as, in general, there is a greater probability of its future influence than such as are strictly involuntary. By voluntary causes I mean intemperance, the secret vice, speculation, and all others that it is in the power of the individual to avoid.

Animal Magnetism; or, the Irish Prophet in the 17th Century.

In the 'Memoirs of Popular Delusions,' by Chas. Mackay, the following strange and amusing account of a precursor of Mesmer is given:—

Contemporary with Sir Kenelm Digby was the no less famous Mr. Valentine Greatraks, who, without mentioning magnetism, or laying claim to any theory, practised upon himself and others a deception much more akin to the animal magnetism of the present day than the mineral magnetism it was then so much the fashion to study. He was the son of an Irish gentleman, of good education and property, in the county of Cork. He fell, at an early age, into a sort of melancholy derangement. After some time, he had an impulse, or strange persuasion in his mind, which continued to present itself, whether he was sleeping or waking, that God had given him the power of curing the King's evil. He mentioned this persuasion to his wife, who very candidly told him that he was a fool! He was not quite sure of this, notwithstanding the high authority from which it came, and determined to make trial of the power that was in him. A few days afterwards he went to one William Mahir, of Saltersbridge, in the parish of Lismore, who was grievously afflicted with the King's evil in his eyes, cheek, and throat. Upon this man, who was of abundant faith, he laid his hands, stroked him, and prayed fervently. He had the satisfaction to see him heal considerably in the course of a few days; and, finally, with the aid of other remedies, to be quite cured. This success encouraged him in the belief that he had a divine mission. Day after day he had further impulses from on high, that he was called upon to cure the ague also. In the course of time he extended his powers to the cure of epilepsy, ulcers, aches, and lameness. All the county of Cork was in a commotion to see this extraordinary physician, who certainly operated some very great benefit in cases where the disease was heightened by hypochondria and depression of spirits.

According to his own account,* such great multitudes resorted to him from divers places, that he had no time to follow his own business, or enjoy the company of his family and friends. He was obliged to set aside three days in the week, from six in the morning till six at night, during which time only he laid hands upon all that came. Still the crowds which thronged around him were so great, that the neighboring towns were not able to accommodate them. He thereupon left his house in the country, and went to Youghal, where the resort of sick people, not only from all parts of Ireland, but from England, continued so great, that the magistrates were afraid they would infect the place by their diseases. Several of these poor credulous people no sooner saw him than they fell into fits, and he restored them by waving his hand in their faces, and praying over them. Nay, he affirmed that the touch of his glove had driven pains away, and, on one occasion, cast out from a woman several devils, or evil spirits, who tormented her day and night. 'Every one of these devils,' says Greatraks, 'was like to choke her, when it came up into her throat.' It is evident, from this, that the woman's complaint was nothing but hysteria.

The clergy of the diocese of Lismore, who seem to have had much clearer notions of Greatraks' pretensions than their parishioners, set their faces against the new prophet and worker of miracles. He was cited to appear in the Dean's Court, and prohibited from laying on his hands in future: but he cared nothing for the church. He imagined that he derived his powers direct from Heaven, and continued to throw people into fits, and bring them to their senses again, as usual, almost exactly after the fashion of modern magnetisers. His reputation became, at last, so great, that Lord Conway sent to him from London, begging that he would come over immediately, to cure a grievous headache which his lady had suffered for several years, and which the principal physicians of England had been unable to relieve.

Greatraks accepted the invitation, and tried his manipulations and prayers upon Lady Conway. He failed, however, in affording any relief. The poor lady's headache was excited by causes too serious to allow her any help, even from faith and a lively imagination. He lived for some months in Lord Conway's house, at Ragley, in Warwickshire, operating cures similar to those he had performed in Ireland He afterwards removed to London, and took a house in Lincoln's Inn-fields, which soon became the daily resort of all the nervous and credulous women of the metropolis. A very amusing account of Greatraks at this time (1665) is given in the second volume of the 'Miscellanies of St. Evremond,' under the title of the Irish prophet. It is the most graphic sketch ever made of this early magnetiser. Whether his pretensions were more or less absurd than those of some of his successors who have lately made their appearance among us would be hard to say.

'When M. de Comminges,' says St. Evremond, 'was ambassador from his Most Christian Majesty to the King of Great Britain, there came to London an Irish prophet, who passed himself off as a great worker of miracles. Some persons of quality having begged M. de Comminges to invite him to his house, that they might be witnesses of some of his miracles, the ambassador promised to satisfy them, as much from his own curiosity as from courtesy to his friends; and gave notice to Greatraks that he would be glad to see him.

'A rumor of the prophet's coming soon spread all over the town, and the hotel of M. de Comminges was crowded by sick persons, who came full of confidence in their speedy cure. The Irishman made them wait a considerable time for him, but came at last, in the midst of their impatience, with a grave and simple countenance, that showed no signs of his being a cheat. Monsieur de Comminges prepared to question him strictly, hoping to discourse with him on the matters that he had read of in Van Helmont and Bodinus; but he was not able to do so, much to his regret, for the crowd became so great, and cripples and others pressed around so impatiently to be the first cured, that the servants were obliged to use threats, and even force, before they could establish order among them, or place them in proper ranks.

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* Greatraks' account of himself, in a letter to the Hon. Robert Boyle.

'The prophet affirmed that all diseases were caused by evil spirits. Every infirmity was with him a case of diabolical possession. The first that was presented to him was a man suffering from gout and rheumatism, and so severely that the physicians had been unable to cure him. 'Ah,' said the miracle-worker, 'I have seen a good deal of this sort of spirits when I was in Ireland. They are watery spirits, who bring on cold shivering, and excite an overflow of aqueous humors in our poor bodies.' Then addressing the man, he said, 'Evil spirit, who has quitted thy dwelling in the waters to come and afflict this miserable body, I command thee to quit thy new abode, and to return to thine ancient habitation!' This said, the sick man was ordered to withdraw, and another was brought forward in his place. This new comer said he was tormented by the melancholy vapors. In fact, he looked like a hypochondriac; one of those persons diseased in imagination, and who but too often become so in reality. 'Ærial spirit,' said the Irishman, 'return, I command thee, into the air—exercise thy natural vocation of raising tempests, and do not excite any more wind in this sad unlucky body!' This man was immediately turned away to make room for a third patient, who, in the Irishman's opinion, was tormented a little bit by a spirit, who could not withstand his command for an instant. He pretended that he recognised this sprite by some marks which were invisible to the company, to whom he turned with a smile, and said, 'This sort of spirit does not often do much harm, and is always very diverting.'

'To hear him talk, one would imagine that he knew all about spirits—their names, their rank, their numbers, their employment, and all the functions they were destined to; and he boasted of being much better acquainted with the intrigues of demons than he was with the affairs of men. You can hardly imagine what a reputation he gained in a short time. Catholics and Protestants visited him from every part, all believing that power from Heaven was in his hands.'

After relating a rather equivocal adventure of a husband and wife, who employed Greatraks to cast out the devil of dissension which had crept in between them, St. Evremond thus sums up the effect he produced on the popular mind:—'So great was the confidence in him, that the blind fancied they saw the light which they did not see—the deaf imagined that they heard—the lame that they walked straight, and the paralytic that they had recovered the use of their limbs. An idea of health made the sick forget for awhile their maladies: and imagination, which was not less active in those merely drawn by curiosity than in the sick, gave a false view to the one class from the desire of seeing, as it operated a false cure on the other from the strong desire of being healed. Such was the power of the Irishman over the mind, and such was the influence of the mind upon the body. Nothing was spoken of in London but his prodigies; and these prodigies were supported by such great authorities, that the bewildered multitude believed them almost without examination, while more enlightened people did not dare to reject them from their own knowledge. The public opinion, timid and enslaved, respected this imperious and, apparently, well-authenticated error. Those who saw through the delusion kept their opinion to themselves, knowing how useless it was to declare their disbelief to a people filled with prejudice and admiration.

The Climate of the United States, and its Endemic Influences. Based chiefly on the Records of the Medical Department and Adjutant General's Office, United States Army. By Samuel Forry, M. D. New York: J. & H. G. Langley, 57 Chatham street. 1842. 8vo. pp. 378.

[SECOND NOTICE.]

The second division of his work, Dr. Forry divides into three sections. In the first section he enters into a very elaborate detail of the medical topography and meteorological character of the northern, middle, and southern divisions of the United States;—in the second section we are presented with the 'general deductions' drawn from the foregoing details; and it is this portion of the volume that will be found particularly attractive to the physician. After expounding with great precision and accuracy the laws relative to the etiology of diseases of the 'pulmonary organs,' Dr. Forry enters on an analogy of the statistics of the medical staff of the British Army, relative to pulmonary diseases, with the view to confirm the laws established in the United States. The chapter on 'Diseases of Malarial Origin,' is extremely interesting; the author denies that 'catarrhal fever' is dependent on malarial causes, as has been frequently asserted, and investigates at considerable length the essential nature of malaria. The third section is occupied by the discussion of 'endemic influences in general.' From this portion of the volume we take the following random extract, as a specimen of Dr. Forry's agreeable style and philosophical acumen:

Chief Sources and Effects of Endemic Influences.

These have been pointed out to a considerable extent in the preceding Section. In regard to the causes productive of the class of pulmonary diseases, it has been satisfactorily shown that, with the exception of tubercular phthisis, they are dependent chiefly on atmospheric laws. That the ratio of catarrhal affections, pleuritis, pneumonia, and chronic bronchitis, increases and decreases in proportion as the seasons are contrasted, thus maintaining a direct relation with the extreme range of the thermometer as connected with the seasons, seems to have been fairly demonstrated; or, in other words, it would appear to be a law that in proportion as the high temperature of summer makes an impression upon the system, do the lungs become susceptible, so far as phlogistic deseases are concerned, to the morbific agency of the opposite seasons. These constitute the *predisposing* causes, to which the *exciting* ones of atmospheric moisture and variability of temperature are subordinate. Hence we have an explanation of the fact long since observed, that the diseases generally of the pulmonary organs are less rife along our northern frontier than in the middle States, and less prevalent in our northern region, in the moist and changeable climate peculiar to the sea-coast and large lakes, than in the dry atmosphere of the opposite locality; and hence, too, is afforded a rational explanation of the advantages to be derived from change of climate in the way of a winter residence. These various deductions, however, have been so fully elucidated under the proper head, that to dilate upon them here were a mere repetition. In regard to rheumatic affections, the laws developed bear a considerable analogy to those of the lungs; but this analogy would, no doubt, be more marked, if the inquiry were limited to cases of the acute form, the term, rheumatism, being generally loosely applied to a host of disorders characterized merely by pain.

The next class of diseases investigated are those of malarial origin, which are dependent not on purely atmospheric causes alone, but on some of those other physical phenomena which concur in forming the climate of a locality, as the geological formation, the nature of the soil, the abundance and exuberance of the vegetable creation, and the state of agricultural improvement. The soil most productive of endemic diseases are those abounding in organic remains, as low marshy places and grounds subject to inundation,—the deep alluvial earth found near the level and shores of the sea or large lakes, on the banks of rivers more particularly at the embouchures, and in the bottom of valleys, more especially if these soils have an argillaceous substratum,—and lastly, thick wood or jungles, particularly in warm climates. But the development of these influences has a close relation with the degree of temperature, the condition of moisture, as well as the extent of exposure to the direct rays of the sun. Rice-grounds are found to be particularly insalubrious, from the circumstance that a low, wet, and rich soil, abounding with vegetable matter undergoing decay, is exposed, after repeated irrigations and inundations, to the action of a powerful sun. Whilst the inhabitants of our northern States are much subject to endemic diseases, when exposed to localities in our southern States, which admit only of a rice-cultivation, the dark races, owing to the adaptation of their organization to these physical circumstances, are little liable to them. Inundations producing an admixture of fresh and salt water, from the circumstance that the latter contains a great quantity of animal matter, are supposed to render low grounds, when the surface becomes exposed to the sun's rays, particularly insalubrious.

A low, moist, and rich soil, when exposed to the action of the sun, by being cleared of its vegetable productions, especially in tropical climates, emits more noxious emanations than in its unreclaimed state, until it is completely brought under cultivation. This point has been particularly dwelt upon in the preceding pages, which furnish numerous proofs of the position that, although cultivation renders a climate drier and more salubrious in the end, yet, for some years after the forest is cut down and the ploughshare turns up the soil to the action of the sun, its endemic diseases, in every portion of the United States, assume a more severe form. Protected, in a great measure, from the sun's rays by the exuberant vegetation, which also by the evaporation and transpiration from the leaves diminishes the temperature, the surface yields less noxious exhalations, (a great portion of which seldom rises above the higher foliage of the trees,) than when the earth itself, in its cleared state, becomes exposed, during our intense summer heats, to a much more exalted temperature. Added to which, the constituents of the soil, so far as regards animal and vegetable remains, are much richer than the decayed vegetable matter on the surface.

Among the various circumstances connected with the production and diffusion of noxious exhalations from the soil, it is generally believed that the presence of dead animal matter, when mingled with vegetable remains in a state of decay, gives rise, in warm countries or in the hot seasons of temperate climates, to miasms, especially during humid states of the atmosphere, of a more deleterious character than those resulting from vegetable remains alone. The same causes which render vegetation luxuriant, bring into existence immense swarms of insects and reptiles, the exuviæ and dead bodies of which mingle with the decayed vegetation. In addition to high temperature and humidity favoring decomposition, they, in conjunction with richness of soil, produce succulent plants, which, as they contain largely of saccharine and oleaginous principles, rapidly pass through the alternate processes of growth and decay. Moreover, marshy places and alluvial soils, in warm countries, yield vegetable productions which contain less of tannin, resin, the terebinthinates, &c., than in cold climates, in which these antiseptic principles abound ; whilst the former also contains a much greater proportion of animal matter undergoing decomposition.

Many of the circumstances connected with the production and diffusion of malaria, as the degree of atmospheric temperature and humidity, and its state as respects horizontal and vertical currents, have been noticed. Sometimes the most pernicious exhalations arise when there is no humidity in the atmosphere, but then the protracted dryness has caused fissures in the upper strata of the soil, through which the noxious moisture of the lower, especially if absorbent or argillaceous, is exhaled. If the atmosphere is often renewed, the concentration of the effluvia emitted, however productive their sources may be, is prevented. High winds and thunder-storms are the means employed by nature to dilute or entirely dissipate these noxious agents. It has been long since observed, especially in warm climates, that when the air, hot and moist, has been long undisturbed by these violent commotions, endemic diseases assume the most aggravated character. Electricity also seems to have an intimate connection with endemic causes. If the atmosphere is warm and moist, there arises a disturbance in the equilibrium of its electrical conditions, as well as its electrical states relative to the animal economy. The presence of aqueous vapor, mingled with the pure atmospheric air, which is a non-conductor, gives it the opposite quality ; and thus evaporation is the cause of the disturbance of the general equilibrium of the globe, giving a surplus of the positive fluid to the air and leaving the earth surcharged with negative fluid. Hence the unfavorable influence of some winds, as the north-east monsoon, arises from their relatively low electric condition or their being in a negative state, thus attracting the positive electricity of the animal frame. During the prevalence of the sirocco, the dew-point has been known to fall from ten to twenty degrees. "The walls of houses, stone floors, and pavements," says Hennen, "invariably become moist when the sirocco blows. I have seen the stone floors at Corfu absolutely wet without any rain having fallen." The influence of the weather on the human frame is consequently not to be estimated merely by thermometrical changes in the atmosphere.

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The facts developed in regard to intermittent fever are of more than ordinary interest. As the region of New England, New Brunswick, and Nova Scotia is exempt from this variety of fever, whilst in that of the great lakes, both on the American and British side, it is very prevalent, and as the coast of the former exhibits climatic features similar to the other, so far as regards temperature and humidity, it follows that a solution of the question must be sought in the admixture of terrestrial emanations dissolved or suspended in atmospheric moisture. Now these diverse results must be influenced not only by the nature of soil but the geological formation. If the latter consists of the *debris* of sand stone and other rocks, forming a coarse and gravelly substratum through which the rain percolates and flows off, favored still more by the undulating surface of a soil which is dry, sandy, and gravelly, no deleterious agents will be exhaled ; but if the geological structure consists of tertiary and cretaceous secondary deposits, with a deep, rich, clayey, and absorbent soil, more especially if low and flat with an argillaceous substratum impervious to water, it will yield by evaporation nearly all the rain which falls upon it, thus carrying into the atmosphere a portion of decayed animal and vegetable matter, (the decomposition of which its moisture promoted,) or perhaps some new resulting compound. Now we find that the region of New England, as it has, with little exception, a primitive formation with a sandy and sterile soil, is comparatively destitute of organic remains ; whilst that of the lakes has not only a geological structure of secondary origin, but mostly a deep, rich, and humid alluvial substratum. If we follow the Atlantic Plain and the parallel mountain region from the Delaware to the Mississippi, the same law in regard to malarial diseases is found to obtain ; for the one has a temperate climate, a soil comparatively free from organic remains, and a surface which allows no stagnant waters ; whilst the other, consisting of tertiary and secondary cretaceous deposits, all abounding with marine fossil shells, with an argillaceous and alluvial soil covered with marshes and furrowed by sluggish streams, has a hot and sultry atmosphere. A similar contrast within limits still more circumscribed, is afforded in the well-known fact that the resident of our southern low-lands is peculiarly subject to malarial diseases along the margins of streams, lakes, and marshes, whilst he is exempt in the adjacent sandy pine woods ; and this observation finds farther illustration, from the author's personal knowledge, in portions of two adjoining counties of Maryland, viz., Frederick and Baltimore, the former with an exceedingly fertile soil being very rife with malarial diseases, whilst the other, termed the '*barrens*,' with a sterile, sandy, and undulating surface, being wholly exempt.

Proceeding up the Mississippi and its tributaries—a valley of secondary formation and alluvial soil—we find that malarial diseases still prevail ; and on the prairies of the far west, and even the table-lands of Ohio, the summits of whose highest hills are rich in organic remains, but more especially along the margins of streams, the same class of diseases are dominant. Moreover, if further evidence were necessary to establish the connection between organic remains and what have been classed as malarial diseases in the foregoing pages, it is only necessary to refer to the fact that even in the malarious region of the great lakes, those posts which have a dry and sandy soil, as Forts Brady and Mackinac, are almost exempt from these diseases ; and so upon the Atlantic Plain, we find a similar exemption at Forts Monroe and Moultrie, each situated on a sandy tongue of the sea-coast. Lastly, the history of Augusta Arsenal, which was removed from the Savannah river to the 'sand hills'—a distance of only two miles—illustrates the same law.

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As regards the influence of the seasons in the production of fatal diseases, a comparison of our northern and southern latitudes shows a marked distinction. It has been seen that whilst in the former, there is little disparity in the mortality of each month, in the latter the inequality is great in close relation with the increase and decrease of temperature, the ratio increasing from April to September, and then gradually decreasing until the re-appearance of the former month. The influence of malarial causes upon mortality is thus illustrated ; for, notwithstanding this morbid poison may be generated in our northern regions, yet the diseases developed, as for instance intermittent fever, exert no fatal tendency. As malarial diseases are dominant in southern Europe, so the aphorism of Celsus, conformably to the rule laid down by the Greek and Roman authorities, accords with the relative salubrity of the seasons in the United States, and more especially in our southren latitudes; thus—*saluberrimum ver est,—proxime deinde ab hoc, hiems,—periculosior aestas, —autumnus periculosissimus.* In London, at the present day, according to the Registrar-General of Births, Deaths, and Marriages," we find this order of salubrity nearly reversed, the fatality of the seasons standing thus—winter, spring, autumn, summer. This is, however, not the case in our northern cities, for example, Boston, New York and Philadelphia; and as regards our northern military posts, it is also found that in the malarial region of the great Lakes the ratio of mortality is always higher during the summer, whilst at the posts on the coast of New England, which is exempt from malarious causes, there is little difference in the ratio of cases reported each quarter, the winter being often the most insalubrious season. At Fort Gibson, Arkansas, on the contrary, the ratio of sickness is twice as high in summer as in winter. The same degree of temperature will consequently produce very diverse results; for to the agricultural inhabitants of a non-malarial soil or to the residents of a city equally favorably situated, winter may prove the most unhealthy season, whilst in marshy districts or cities abounding in dead organic matter, summer will be the most insalubrious. The influence of very cold climates on the human constitution is, to destroy the feeble and invigorate the strong; for if the source of animal heat is enfeebled or exhausted by the effect of low temperature acting on the surface of the body, the constitution will be correspondently enfeebled or life quite destroyed; but if the source of animal heat is so powerful as to resist this external agency, the powers of life will be invigorated. This explanation, for which we are indebted to Professor Pelletan, is equally satisfactory in regard to the phenomena of what is called *reaction* against cold, as well as the effects of cold as a hygienic agent in strengthening the human frame.

In concluding our meagre notice of this volume,—which the plan of our journal, to our regret, has prevented us from extending to a degree somewhat commensurate with the importance and value of the work,—we cannot refrain from again expressing our high opinion of its merits, and commending it to the careful study of our readers.

The Select Medical Library (New Series) and Bulletin of Medical Science. Edited by John Bell, M. D., Lecturer on Materia Medica, &c. &c. Philadelphia: Barrington & Haswell. Published quarterly.

The number of this flourishing periodical, published in January last, is remarkably interesting. It contains Thomson's Practical Treatise on the Diseases of the Liver and Biliary Passages,' and Twining's valuable essay on the 'Diseases of the Liver and Spleen,' which united, form, we may safely say, one of the most valuable and attractive volumes on this important class of diseases, which have been issued from the press. Dr. Bell has so concisely and accurately expressed the general favorable opinion which we have entertained of Dr. Thomson's work, that we are fully justified in endorsing his description of its character:—'The work of Dr. Thomson is a good measure of the state and fashion of medical investigations at this time. It evinces pathological precision in the history of the several diseases, and disorders of the liver, of which the most essential characteristics are given; with, at the same time, a rational scepticism on many reputed diseases of this gland, which are really dependent on disorders of the stomach, duodenum, and the other parts of the intestinal canal. All this is in strong and advantageous contrast with the speculations and hypotheses respecting the alleged importance of the liver in a great many affections, in whose origin and continuance it had no share, and for whose removal it need not and ought not to be specially acted on by remedies.' The chapter on 'Non-specific' and 'Specific remedies,' employed in the treatment of diseases of the biliary organs, are especially worthy of close attention. Mr. Twining's eminently practical essay constitutes a most appropriate and acceptable addition to the more elaborate work of Dr. Thomson. Mr. T.'s numerous cases are narrated with singular clearness, and none of them are devoid of interest.

'The Select Medical Library' we may *en passant* remark, is got up in a very superior style, and is edited with great judgment. We have received several of the recent publications of the respectable and enterprising firm, by whom the 'Library' is issued, but must defer noticing them till another opportunity.

Zoological Contributions. By S. S. Haldeman, Member of the Academy of Natural Science of Philadelphia. No. I.—February, 1842. Philadelphia: Issued by the Author.

We gladly welcome the appearance of this little periodical, and would fain regard it as the precursor of a long and interesting series of contributions to the delightful and important science to which it is devoted. In the wide field for investigation and discovery presented by zoology, Mr. Haldeman promises to be a very useful laborer, and we sincerely trust that his praiseworthy efforts for the advancement of his favorite science may meet every success. We had recently occasion to advert to the importance of the study of comparative anatomy to the members of the medical profession, and expressed our regret that it was so lamentably neglected. We therefore hail with unaffected pleasure, every indication of an awakened interest in this department of science. When are we to hear of the foundation of a Professorship of Comparative Anatomy in any of our Medical Colleges?

In the hope that the attention of our readers may be more forcibly directed to this subject, and in order that they may correctly estimate the author's abilities, we extract the greater portion of the contents of the publication on our table; the illustratrave engravings, which accompany the descriptions, are, we may observe, executed with great accuracy and beauty:—

An account of some hitherto unnoticed species of the genus Hydrachna, Muller.

Genus? Unionicola.[*] [Fam. Hydrachnidæ.] Corpus oviforme, pedibus inæqualibus: palpi conici, inflexo-arcuati, et articulati; apicibus acutis.

1\. . . . *oviformis.* Margins and legs pale ochraceous, upper surface black, with a white or yellowish central, longitudinal line, which bifurcates anteriorly. Hab. Unio radiatus, Gmelin.

2\. . . . *lactea.* Like the preceding, but with the white of the upper surface much more extensively spread, and the black replaced by dark brown. The posterior extremity is slightly produced. Hab. Unio cariosa, and Anodon cataractus, Say. Perhaps a variety of the preceding.

3\. . . . *personata.* Colors as in number 1, with the white portion of the upper surface narrowing posteriorly. Hab. Unio cylindricus, Say; of the Ohio.

4\. . . . *humerosa.* Elongated, sides subparallel, with a projection anteriorly: colors as in number 2. Hab. Unio cylindricus? Say.

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[*] This name may be preferred by some in an abbreviated form, as *Unicola.*

5. . . . *symmetrica.* Anterior half white, posterior half black; divided longitudinally by a rather broad black line anteriorly, and a narrow white one posteriorly: anal region white.

6. . . . *proxima.* Posterior three-fourths of the body black, divided by an irregular white line, which bifurcates anteriorly: a black spot between the eyes, extending backwards, and much the widest posteriorly, wherein it differs from number 1, and resembles number 3. Hab. Unio radiatus, Gmelin.

7. . . . *lugubris.* Dark, with a narrow white dorsal line, terminating by a crescent anteriorly. Var. *a.* White line obsolete. Hab. Unio subtentus, Say; Clinch river, Tennessee.

8. . . . *unicolor.* Very dark, rather larger than any of the preceding. Hab. Alasmodon rugosus, in Clinch river; and Unio verrucosus in the Holston, Tennessee.

9. . . . *reticulata.* Inferior surface spotted with white, and reticulated with brown. Hab. Unio viridis, Raf.

The foregoing animals, without exception, are found upon, or between the branchiæ, or between the branchiæ and the body, of the Unionidæ. They appear to delight in living under cover; as, although they do not penetrate into the substance of the mollusca upon which they are parasitic, they will penetrate into the interior of the detached pieces given them for food, when kept in vessels for observation. Their usual size is represented by the small outline beside fig. 1, (in the plate.) The surface is smooth; the legs transparent, bristled, and terminated by hooks; the anterior pair shortest and thickest, and the posterior pair longest. They are formed for creeping, and not for swimming; the body is but little heavier than water; and, unless they are placed upon a rough surface, they can scarcely progress, as the motion of the feet tends to throw them from the bottom. In a glass vessel, whether they are upon the bottom, or falling through the water, they appear to be quite helpless.

All the tarsi are cleft, each toe (*phalanx*, Burm.) being furnished with a perfectly retractile, bifid unguis, a secondary claw arising from the concavity of the primary one, and lying in the same plane with it, as in some coleopterous genera. The foot is very sparsely bristled, or not at all.

The species, except 3,? 7, 8, are from the Susquehanna. I have referred them to a new genus, only provisionally; as I cannot learn to what genus Hydrachnæ grossipes et longipes, Müller, (with which they appear to be congeneric,) are referred by modern authors.

The palpi, fig. 3, 4*a* (except the point of attachment *b*, which is slender) have a thick base, whence they taper to a point, and a very few bristles appear upon the surface. They are almost invariably curved downwards, and appear to be used to draw the surface of the mullusc to the mouth *c*, and retain it there. This action of the palpi would draw the body forwards, but the claws of the posterior pair of legs (which are seldom used in locomotion) act in a contrary direction. The 'eyes' are black points situated beneath the integuments, and they are probably insensible to light. They are frequently drawn forward to a distance rather less than their diameter, when they return to their usual position.

They are very hardy, and will live two weeks in vessels without food. They do not appear to suffer from cold, as they are pretty active in water a few degrees above the freezing point; and I have found them moving about in a Unio, the outside layer of which was frozen. Nevertheless, they become torpid instantly, if placed in freezing water, and the torpidity remains but a short time, if the temperature be gradually raised.

I have seen several other species (as well as several of the allied family Acaridæ) which I intend to investigate hereafter.

A Valedictory Lecture, delivered by JOHN W. DRAPER, M. D., Professor of Chemistry in the University of the City of New York.

Appropriate, dignified, and eloquent—full of the most affectionate feeling, embodied in most poetic diction—dashed withal with that quiet humor, often so marvellously blended with the deepest pathos in written or spoken words of this true-hearted Professor. No need has Dr. DRAPER to resort to the arts of the beggarly plagiarist! Has Dr. BEDFORD resigned?

Lecture on the Classification and Diagnosis of Diseases of the Skin. By H. D. BULKLEY, M. D. New York: W. E. Dean, Ann street.

A brief and very intelligible description of the classification and characteristics of the several orders of cutaneous diseases, given in January last at the *Clinique* of the College of Physicians and Surgeons. The 'Lecture' was reported verbatim for the *Lancet*, and appeared in our fifth number. If any there be who doubt our reporter's abilities, let them compare his report with that of the speaker himself—our reporter is certainly unrivalled—but what *have* they done with Dr. BEDFORD?

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, March 26, 1842.

What have they done with the 'Phenomenon?'

The Spring Course of Lectures at the College of Physicians and Surgeons, has commenced. As we anticipated, a great number of students are in attendance. We have heard several of Dr. SWETT's lectures on Diseases of the Heart; and have made arrangements for having his whole course reported in the *Lancet.* This demonstrates, with sufficient clearness, the favorable opinion which we entertain of Dr. SWETT's discourses. He is one of the most agreeable lecturers we have ever heard, and unlike some of our public 'teachers,' save the mark! understands his subject, and is able to communicate his views in intelligible language.

Dr. WHITTAKER, of the Stuyvesant School, has waited upon us, and informed us that the gentleman named CORBITT, who graduated at the recent commencement, and to whom a correspondent alluded in our last number, is not a resident of this city, and instead of being a quack, is a gentleman of respectable professional attainments.

We have received the account of an interesting operation performed last week, by Dr. ROBERT NELSON, of this city, which will appear in our next.

Proceedings of the Physiological Temperance Society of the Medical Institute of Louisville.

On the 23d of December last, Professor DRAKE presented to the medical class attending the Louisville institution, the constitution of a Collegiate Temperance Society, which was immediately subscribed by seventy students, and subsequently by sixty-seven, making more than half the class. The members of this association assume as an important professional duty, the employment of all practicable means for the prevention of intemperance. Most cordially do we wish them 'God speed.' Some Professors in our goodly city, think that the 'jolly god,' and not sour Abstinence, should claim the student's devotion—their creed is that of the contented old fellow who so pleasantly sang of old—

> 'Siccis omnia nam dura Deus proposuit: neque
> Mordaces aliter diffugiunt solicitudines.
> Quis post vina gravem militiam, aut pauperiem crepat?
> Quis non te potius, Bacche pater?'——

But Professor DRAKE frowns terribly on these nice champagne suppers, and all that sort of thing—how can students like such an abstemious preceptor? Still, where is Professor **Bedford**?

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School.

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, March 21.

Dr. **Gilman** exhibited to the gentlemen present an embryo of three months, which had been discharged from a mother who had been suffering with small-pox for sixteen days. It presented several distinct pustules; the anterior wall of the abdomen was wanting, bringing into view the intestines, &c. Upon this and several other points connected with embryology, Dr. G. made some highly interesting and instructive remarks.

The next case was that of a child upon which Dr. **Parker** had operated, on the preceding Monday, for an erectile tumor on the umbilicus; he had used the ligature with entire success. The only interest connected with this case was owing to the novelty of the situation of the tumor.

The next case of interest, was an infant having convulsions connected with teething, also a swelling of the knee joint, which Dr. P. pronounced of a scrofulous nature; the treatment recommended was an alterative course, combined with salt-water bathing and friction. In connection with this case, the Doctor made some interesting remarks upon the impropriety of allowing infants to remain constantly at the breast, during day and night; stating that the practice is decidedly wrong, injurious to the mother as well as to the child, especially to the latter.

Several cases of diseases of the skin were presented, upon which Dr. **Bulkley** made many appropriate remarks.

Several other cases were introduced, which were of no particular interest, with the exception of a young girl affected with strabismus; Dr. **Parker** operated with great dexterity.

The number of students present was uncommonly large, manifesting the deep interest in the Cliniques felt by those connected with the profession in this city.

Second Report

OF THE

MEDICAL MISSIONARY SOCIETY IN CHINA.

[*Concluded from page* 126.]

[We now give the concluding paragraphs of this very interesting document. The total number of patients treated from September 23d, 1840, till February 20th, 1841, was three thousand five hundred and two.]

During the northerly monsoon, and especially at its commencement, several cases of severe catarrhal ophthalmia presented themselves; in some of these the disease had existed for several days, extensive destruction of the cornea had taken place, and in a few cases one or both eyes were lost; but when the disease was recent, although very severe, it was in most cases speedily relieved. The plan of treatment adopted was that which is now generally followed; namely, using the strong solution of nitrate of silver, (10 grains to an ounce of water.) This was dropped into the eye, blisters were applied to the temples, and active purgatives administered. The strong solution was applied daily for three or four days, and then changed for one of five grains, and occasionally fresh blisters were applied after the first healed. The success of this practice was on the whole very gratifying; and in no case that can be remembered, did loss of the eye, or deep ulceration of the cornea ensue, when the case had come early under treatment. And it would appear, as the result of the cases met with at Chusan, that the use of the nitrate of silver was much more beneficial in removing the disease, than depletion would have been under the same circumstances. Granular lids prevailed to a great extent, and are the result of long-continued irritation of the conjunctiva as above mentioned. This state of granulation of the palpebral conjunctiva induces in course of time entropium, which has already been spoken of: but still more frequently, more or less dense opacity of the cornea itself comes on. It does not appear that persons afflicted with granular lids often become completely blind, but constant pain and lachrymation are produced, and the sight materially injured by the degree of opacity of the cornea which almost constantly accompanies this affection. The application of sulphate of copper, solution of nitrate of silver, and other remedies, were useful in relieving the irritation of the organ, and removing more or less of the opacity of the cornea.

It may not be out of place to mention here, that of all the females who came to the hospital (and they were not few,) and of others seen in various parts of the island, not one among them had feet of the natural size. Some were not so much compressed as others, but the practice of confining the feet, during their growth, is universal at Chusan, while at Canton and Macao many women have their feet completely free, and of natural size. Though several females came to the hospital affected with various diseases, and with ulcers of the leg, only in one or two instances was there seen any ulcer or other disease apparently caused by the compression of the foot, and the forced distortion of its bones. It cannot be said, with any degree of certainty, how far this practice is injurious to health; but it would appear, from the observation of numerous instances among different classes of society, both in children and adults, that it does not cause so much misery as might be expected from the severe treatment to which the feet are subjected in infancy. Very frequently when walking in the open country, strong healthy women, though having their feet very much compressed, were seen walking about with readiness, and not apparently suffering from any pain in the feet whatever: others also have walked several miles to the hospital, and have had to return home the same day, so that locomotion is by no means prevented.

It is ever interesting to observe the effects on health, which are caused by the habits and customs of a people, and this is not one undeserving of some attention, as more intimate acquaintance with the Chinese is obtained. And torturing as this treatment of the feet would appear to be, and unsightly as are its consequences, it is perhaps on the whole, not more injurious to health and comfort, than are the practices inflicted by fashion on the female sex in western nations.

The list of diseases is not entirely without interest in its relation to vital statistics. It shows that intermittent fever prevails to a considerable extent among the natives of Chusan and the neighboring districts, also that some of the diseases of the eye are very frequently met with; but it is at the same time evident, that the hospital was not open to the admission of patients for a sufficient length of time, to afford any certain data, on which fully to rely; neither is the amount of the population in these districts, so accurately ascertained as to show the relative amount in that and other localities in China. However, as other openings occur, and fresh stations of the society are established, some interesting facts regarding the exact state of health among this people may be arrived at, especially if longer residence at any place be afforded than was the case at Tinghae. And, though the trial of the society's operations at Chusan, was short and imperfect, there can be little doubt that the step which was taken, in sending one of its agents there, was well advised, and shows the advantage of at once occupying every new station that may be practicable; since by endeavoring to administer to their relief, and to remove the diseases to which they are exposed, much can be done among the people for their individual benefit, a better insight obtained into their manners and customs, and a beneficial influence obtained over their minds.

Case of Purpura Hæmorrhagica.—Clinical Remarks by Dr. Todd.

Frederick Poole, aged 14, a carpenter's apprentice, was admitted into Sutherland ward, under Dr. Todd, on the 30th of March. Has lived in London for the last three years, previously to which time he had lived in Gloucestershire. He has always been healthy, with the exception of an occasional cough; for the last eight months he has worked at his trade; he has been in the habit of living pretty well; has taken animal food, sometimes daily, at others, three or four times a week; has had half a pint of porter daily. His father thought his malady might be occasioned by his working for some hours together in a room very much heated by steam.

The boy did not feel any particular inconvenience from the high temperature, except that it produced profuse perspiration. He is not aware that any of his family are subject to bleeding from the nose, or any other hæmorrhage. On the 26th instant he first noticed a dark patch between the thumb and forefinger of the right hand, on the dorsal aspect; it was not preceded by any derangement of health; his appetite was good; he had no shivering or thirst. The next day he observed some dark spots on the legs, they were very small; in a few hours they increased in number and size: at present his expression is cheerful, the face is rather pale; he is moderately muscular, and well nourished. Both lower extremities are covered by numerous small spots of a purple hue, and of pretty equal size, about a line in diameter, much more numerous below the knee, but there are several on the thighs, and three or four on the penis; there are a few small, irregular patches like bruises chiefly on the right leg, of a bluish color; one at the lower part of the tibia is almost black in the centre, about the size of a sixpence, and gradually shades off from this point. There are a few small spots on both forearms, and on the inferior part of the abdomen; there is one spot on each side of the median line of the dorsum of the tongue. On the 27th inst., the gums began to bleed to a small extent, but on the 28th the bleeding was pretty copious, he says as much as half a pint; since this he has not expectorated any blood; he has had no bleeding from the nose, no blood in the stools or urine. The gums are tender, rather spongy, and some dark coagulated blood adheres to the teeth; the skin is rather hot; he has some thirst; the pulse and heart's action feeble and irregular, both as to strength and frequency, 80; the pupils are much dilated; tongue moist, clean; no pain or uneasiness in the parts covered by the eruption; no spots on the back. Ordered to take twelve minims of dilute sulphuric acid, two drachms of simple syrup, and an ounce of water, every four hours. Middle diet.

31. He spits a great quantity of blood, which, apparently, comes from the mouth, and is mixed with the saliva; no fresh spots have appeared, that on the tongue seems less; urine scanty, pea-soup color, strongly acid, cleared by heat.

April 1. The spots on the tongue have disappeared; no bleeding of the gums to-day; the spots are more of a reddish color; some spots on the upper part of the chest, no fresh ones; pulse 100, irregular. To have the following gargle for the mouth:—Seven ounces of decoction of cinchona bark, two drachms of sulphate of alum, two drachms of tincture of myrrh, and six drachms of simple syrup.

6. The spots are fading on the legs, they are gone from the penis; there are no fresh ones; pulse 88, irregular.

8. He is improving; the spots are declining; the appearance of the gums is much better.

10. The spots are almost gone from the legs, no fresh ones; no bleeding from the gums.

12. The bowels have not been opened for three days. To have ten grains of the compound rhubarb pill at bedtime.

15. The spots are quite gone; the bowels have been opened by the pills.

20. The skin remains clear; the gums do not bleed on pressure; appetite good. Discharged cured.

Dr. Todd pointed out the many points of resemblance in this case with sea scurvy. The hæmorrhage, however, was more exclusively cutaneous than it is in that disease; there were extravasations amongst the muscles, the spots being confined to the skin and mucous membrane. There was nothing in the history of the case to account for the boy's condition; he had not been exposed to want, nor suffered privations of any kind, nor had he been living upon a diet from which vegetable food was excluded; nor was there any constitutional taint giving rise to a hæmorrhagic diathesis. Although the appearances were marked, they yielded very readily to the treatment prescribed, and in three weeks the boy left the hospital cured.—*Lond. Hosp. Rep.*

Remarks on Renal Dropsy.

FROM DR. CLENDINNING'S CLINICAL LECTURES.

[After narrating a case in which the dropsical effusion seemed to depend principally or exclusively on a morbid state of the blood, and a peculiar degeneration of the kidneys, and detailing the treatment successfully adopted, Dr. Clendinning remarks:—]

The treatment of dropsical affections, such as that just described, is now, with most well-informed physicians, I believe, governed by two leading principles.

1. The first indication is the removal of the prominent symptom of such diseases, viz., serous effusion. To the presence of water in the cavities in preternatural quantities is properly ascribed all the inconvenience, and is really due much of the mischief, of the dropsical state. 2. The second great indication is the removal of the humoral and glandular morbid conditions, on which we believe the dropsy in such cases to depend. There are, of course, various minor and incidental indications in these, as in all other grave diseases; such as correcting defective biliary secretions; securing sleep; relieving local distress by topical remedies, &c.; when any of such matters require attention. But the great ends to be had in view are, as already stated, 1. the stimulation of the absorbents of the serous cavities, and of the excreting vessels of one or more of those emunctories that give vent to the watery elements of the blood; and 2. the correction of the fibrinous state of the blood and congested condition of the viscera, but especially of the kidneys. Those two indications are, in a theoretical point of view, very different, but in their practical effectuation, they closely correspond and nearly coincide: Both include amongst their means a limited diet and increased evacuations. The tendency of the agencies required for the accomplishment of either indication is therefore substantially, though in different degrees, one and the same. When happily applied, they alike, though not equally, relieve oppression, diminish serous plethora, and correct sanguification and excretion; and when unsuccessfully administered, they tend alike to extenuation and exhaustion. The means employed in the preceding case for the accomplishment of

those two leading indications, may, for the reasons just assigned, be considered together.

Remedies.—They were diuretics, bleeding from the arm, elaterium, with restricted diet. The diuretics employed were amongst the most successful in our Pharmacopœia, viz., juniper infusion, with nitrous æther squill, tincture, and acetate of potass. Finding, after forty-eight hours' use of diuretics with regulated diet, that no change of the renal secretion had been obtained, and that the pulse continued hard and full, I ordered half-a-pound of blood to be taken from the arm, and the diuretics to be continued. After this improvement was soon observed in the pulse, general feelings, and quantity of urine, but the albuminous condition continued. A month elapsed under this plan, during which he continued better; but he had still some effusion in the abdomen, and albumen in the urine: I then added elaterium to his diuretics. Under this medicine he continued for nearly a second month with advantage, but the ascites and albuminuria had not wholly disappeared at the end of that period. Increase of the elaterium had now become needful (from 1-12 to 1-6 of a grain twice or thrice daily.) Under this last modification of the treatment he still continued, with this difference, that he has for some time taken not quite one pill (1-6 gr. elat.) per diem, instead of one or two as at first; with the single pill he has about three evacuations and no more daily, and urine, he says, in sufficient quantity; and for more than a month no albumen had been detected.

Remarks.—Now unquestionably the principal remedy in this case has been the elaterium. The bleeding was beneficial, and the diuretics had some effect; but the removal of the serum from the abdomen, and albumen from the urine, may fairly be attributed to the hydragogue principally. The mode of administering the elaterium adopted is that which has been in use with me for some years. By exhibiting the medicine in minute doses at intervals through the day, we can generally procure discharges of aqueous matters, by stool, as copious as we can require; and very commonly the kidneys participate in this unusual activity of the bowels, and large evacuations of urine are likewise obtained. When the elaterium agrees well, we may, I think, confidently reckon on clearing away the serous accumulations in a moderate time by its means; and in a large proportion of cases (I should say a large majority) of general dropsy, the stomach and bowels can bear it well enough. By the persevering use of the drug in small doses, with or without correctives as hyoscyamus, &c., habit soon comes to our aid to reconcile the stomach to it, either completely, or at least so far that it does not derange materially the digestion; and a constant flux is maintained, which soon exhausts the serous effusions. One rule I generally observe in the use of elaterium, and I attach considerable importance to it, viz., to secure sleep, by opium, if necessary. So that between each day of purgation, &c., shall be interposed a night of sufficient, and, if necessary, artificially induced comfort and refreshment. With this view the elaterium is begun early, and continued at short intervals until purging supervene, when it is suspended for that day to be resumed next morning. The use of opium at night has considerable effect in procuring tolerance for the drug in cases in which it could not otherwise be conveniently employed. For this case, however, opium was not required. His rest was not injuriously disturbed, owing apparently to the operation of the elaterium being over usually each day before bed-time. Other auxiliaries to the hydragogue plan are the use of a diet as sustaining as the pulse and other symptoms may be found to admit, and clothing as warm as the patient can conveniently wear, with woollen clothing next the skin. These were both employed in this case with their usual good effects.

Efficacy of Opium Injections in Cases of Nervous Excitement.

[We think the use of opium in the form of injection too little attended to in the present day. The following case is related by Dr. Maddock, of Uxbridge, Eng.]

Mrs. R——ts, æt. 27, of a weak and nervous constitution, was delivered September 6th, of her third child; the presentation was natural, delivery quick, and unattended with any untoward symptoms. Early in the morning of the 8th, I was hastily summoned, and found her laboring under great pain in the head, and sickness, accompanied with a vacant and frightful look, turgid conjunctiva, impeded motion, and uneasiness of the limbs, imperfect speech, weak and irregular pulse. Upon inquiry of the nurse, I ascertained that my patient had been subject to 'fits' in both her previous confinements, and was shown the prescriptions of the physician who formerly attended her; by which it appeared, that sedatives of every kind and form had been employed, together with venesection and cupping, without benefit being derived from them.

Under these circumstances, I immediately resorted to the opiate injections. I prescribed as follows:—

> ℞ Tincture of Opium, gtt. xviij.
> Common gruel, ℥iv.
> Mix and make into an injection to be administered immediately per annum, and repeated every three hours.

She remained in a state of insensibility and extreme excitement, alternately laughing and crying, for nearly two hours, when consciousness gradually began to return, and in six hours (two enemas having been given) she was sensible, but felt 'very nervous.' Notwithstanding these favorable results, I ordered the injections to be regularly continued for the next six hours.

September 9th:—Slept tolerably well last night; has had no return of the fits, does not feel 'quite' so nervous, and is much improved in every respect.—*Medical Times*, *Aug.* 21, 1841.

[Dupuytren is stated to have been one of the first who administered opium as an injection in cases of nervous excitement, produced by disease and by operations. Dupuytren explains the curious fact that a small quantity of opium taken into the stomach produces no effect, whilst the same quantity is very efficacious when introduced into the rectum, in this way, viz. that when administered by the rectum, the digestive powers do not interfere, and the medicine is consequently absorbed unaltered into the system.]

On the Chorda Dorsalis.

BY MARTIN BARRY, M. D., F. R. S., L. AND E.

The author of this communication, after pointing out the similarity in appearance between an object noticed by him in the mammiferous ovum, and the incipient chorda dorsalis described by preceeding observers in the ova of other vertebrata, mentions some essential differences between his own observations and those of others as to the nature and mode of origin of these objects, and their relation to surrounding parts. Von Baer, the discoverer of the chorda dorsalis, describes this structure as 'the axis around which the first parts of the fœtus form.' Reichert supposes it to be that embryonic structure which serves as 'a support and stay' for parts developed in two halves. The author's observations induce him to believe that, instead of being 'the axis *around which* the first parts of the fœtus form,' the incipient chorda is the last-formed row of cells, which have pushed previously-formed cells farther out, and that, instead of being merely 'a support and stay' for parts developed in two halves, the incipient chorda occupies the centre out of which the 'two halves' originally proceeded as a single structure, and is itself in the course of being enlarged by the continued origin of fresh substance in its most internal part.

The author enters into a minute comparison of the objects in question; from which it appears that the incipient chorda is not, as Baer supposes, developed into a globular form at the fore end, but that the linear part is a process from the globular; and that the pellucid cavity contained within the latter—a part of prime importance, being the main centre for the origin of new substance—is not mentioned by Von Baer. Farther, that the origin of the 'laminæ dorsales' of this naturalist (the 'central nervous system' of Reichert) is not simultaneous with, but anterior to, that of the chorda.

The author then reviews the observations of Rathke and Reichert on the chorda dorsalis, which contain internal evidence, he thinks, of a process in the development of fishes, reptiles, and birds, the same as that which he has observed in mammalia, namely, the origin of the embryo out of the nucleus of a cell.

And it is his opinion that this observation may assist to solve a question on which physiologists are not agreed; for it shows that if the nucleus of a cell is a single object, the first rudiments of the embryo are not two halves. The author thinks that unless the very earliest periods are investigated, it is in vain that we attempt to learn what that is of which the rudiments of the embryo are composed. From not attending to this, physiologists have supposed their 'primitive trace' to arise in the substance of a membrane, which the author, in his second series on the embryo, showed could not be the case. To the same cause he thinks is referable an opinion recently advanced by Reichert, that the first traces of the new being are derived from cells of the yelk.—*Proceedings of the Royal Society.*

New Plesser and Plessimeter.

BY JOHN BURNE, M. D.,

Fellow of the Royal College of Physicians, Physician to the Westminster and Magdalen Hospitals, &c.

[Percussion may be employed either mediately or immediately, as is well known to every one. The immediate percussion, as used by Laennec, by means of the three fingers supported by the thumb, requires the greatest nicety of adaptation, and unless very carefully and skilfully executed will only deceive the practitioner. On many accounts the mediate percussion as used by Piorry is more to be depended upon, especially when used by those who are not thoroughly masters of the practice; which must include the great majority of our profession. Dr. Burne says:—]

The ivory plate employed by Piorry was made trial of by myself for a considerable time, but finding it difficult to hold in many positions of the chest, and painful to strike when it was necessary to examine the whole chest, perhaps of several patients in quick succession in hospital practice, I relinquished it in favor of the circular pieces of sole leather recommended in one of the periodicals several years ago. These pieces of sole leather, about one inch and three-eighths in diameter, rounded at the edges, answer well; one piece held in the left hand being placed flat upon the chest, and struck by the other held perpendicularly, that is, edgeways, in the right hand. Sole leather is the most agreeable and the best adapted medium for percussion that I have made trial of, and is adopted in the instruments I am about to recommend. Caoutchouc I have found unfit, and cork in no way desirable.

The instruments in question are two—a *plesser* and a *plessimeter*. The plessimeter consists of a circular piece of sole leather, full one inch and a quarter in diameter, fixed in a steel stirrup by means of screws at the ends of the cheeks; and to the head of the stirrup is attached a handle, partly of steel, partly of wood; the whole about eight inches long. The screws admit of the free motion of the piece of leather upon its axis in the stirrup, by which means it can adopt itself to any part of the chest at any inclination.

The plesser resembles a hammer; the head formed of a piece of solid steel nearly cylindrical, having one end bored to admit a cylinder of sole leather, of which the extremity projects about half an inch, and is slightly conical, like the end of the fore-finger. It is with this cylinder that the horizontal circular piece in the plessimeter is struck.

The method of using these instruments is simple. The plessimeter, held in the left hand, is applied to the chest with moderate pressure, care being taken that the whole surface of the circular leather is in exact and equal contact with the skin; it is then struck perpendicularly with the plesser, held in the right hand, with a force proportioned to the thickness of the integument and muscle covering the parts of the chest percussed. The essential precautions of Laennec—that the skin be equally stretched on both sides; that the rib be not struck on one side, and the intercostal space on the opposite; that both sides be struck with equal force—are easily observed; as well as the additional one, that the plesser should always fall perpendicularly upon the plessimeter.

By the aid of these instruments every region of the thorax will be percussed with facility; an exact comparison of the resonance of relative points or regions of both sides can be instituted; and resonance can be elicited from the parts most thickly covered, not with muscle only, but with the scapula, and even with the dress. The dexterity acquired by habit is necessary to regulate the force of the stroke, and to adapt it to the various regions of the chest. The less the force with which the degree of resonance can be determined, and the greater the delicacy with which it can be applied, the better.—*Medical Gazette.*

Lapis Divinus in Otorrhœa.

BY MR. CURTIS,

Surgeon to the London Royal Infirmary for Diseases of the Ear.

When visiting the hospitals of Prague, I found the lapis divinus in very general use in the treatment of otorrhœa, and I afterwards found it employed in a similar manner at Vienna, Munich, Berlin, Leipsic, and Hamburgh. At Prague I procured some of the lapis divinus, and the formula for its preparation; the latter is as follows:—Take sulphate of copper, nitrate of potass, and alum, of each sixteen parts—powder them separately, and then mix them well together; fuse them in a glass vessel in a sand-bath, and add one part of powdered camphor; break the mass in pieces when cold. This formula is varied in different pharmacopœias, there not being quite so much of the principal ingredient, the sulphate of copper, in some, while others substitute the acetate for it; for my part I prefer the sulphate. On my return to this country I determined to give it a trial, and have experienced much advantage from its use, as the following cases will testify. I should state however, that the preparation I employ consists of two drachms of the lapis divinus dissolved in an ounce of distilled water, a drachm of this solution being added to six ounces of rose or distilled water; this latter constituting the injection I recommend, and which I direct to be thrown into the meatus twice a day. I begin with a weak solution, increasing the strength as I find it can be borne by the patient. Thus used, it does not cause any pain; it acts as a mild stimulant and astringent, and gradually produces a cessation of the discharge.

Case 1.—Mr. M., of Dublin, aged 50, has had a discharge from the left ear for sixteen years, attended with deafness consequent on fever; on examination with Gruber's speculum and lamp, an ulcer was detected on the membrane of the tympanum, which membrane was perforated by it. The treatment just described was adopted; he came to me for about a month, during which time he improved materially; he afterwards pursued the same plan under my directions; the ulcer healed up, the discharge ceased, and a cure was effected, his hearing being at the same time restored.

Case 2.—Mrs. F., the widow of a clergyman, deaf seven years with the left ear, attended with a profuse, offensive discharge, tinged with blood, which she attributed to her having caught cold in her confinement. It was a singular and interesting fact in this case, that the discharge seemed to alternate or be vicarious with the catamenia, diminishing when they were present, increasing on their cessation. Inspection by Gruber's lamp and speculum showed on the membrana tympani a large ulcer with rough edges, and inclined to bleed. The edges were touched with a strong solution of the lapis divinus by means of a bougie passed into the ear, the meatus being protected by the shield of the speculum, which had been previously applied with that view. Under this treatment the ulcer improved, and a cure was gradually effected by means of a weak injection. The progress of the case was somewhat retarded by erysipelatous attacks affecting the auricle: an alterative plan of treatment was adopted in this case.

Case 3.—John Poverell, aged 15, a dispensary patient, has labored under a very offensive discharge from the ear, tinged with blood, and attended with partial deafness for three years, the sequelæ of scarlet fever. The membrane of the tympanum was sound. The injection was used for three weeks, at the end of which time he was cured of the discharge, and had regained his hearing.

Case 4.—Mary Lowers, aged 37, a dispensary patient, has been quite deaf for ten years with otorrhœa and polypus, resulting from a cold, according to her account. The polypus was removed with the aid of the forceps, and the neck touched with a strong solution of the lapis divinus, the meatus being protected by the shield of the speculum. Under this treatment, jointly with the use of the injection, the part healed, the discharge ceased, and the hearing was restored.

On Vaccination and Small-Pox.

BY GEORGE GREGORY, M. D.,

Fellow of the Royal College of Physicians, and Physician to the Small Pox and Vaccination Hospital, St. Prancas.

[As this gentleman has just published an excellent paper on this subject in the last number of the Medico Chirurgical Transactions, we think it will be interesting to the reader to place the views of so eminent an authority before him. It will be remembered that an impression has long prevailed that the variolous and vaccine poisons are the same. Dr. Jenner himself was the first to state this. He maintained that the vaccine was the *primary* and the variolous the *secondary* form of the virus. Dr. Gregory states as follows :—]

The doctrine of the identity of the variolous and vaccine poisons has again been brought into notice by the interesting experiments of Mr. Ceely, of Aylesbury. The remarkable fact that the mucous surfaces of the cow will receive the poison of small-pox, and convert it, in eight days, into the vaccine, gives a strong *primâ facie* colouring to the hypothesis, which indeed, by many, is now considered as established beyond the possibility of doubt or cavil. A doctrine so important as that of the *Identity of the Vaccine and Variolous Poisons*, involving, as it does, such important pathological results, ought not, however, to be received without inquiry. I proceed, therefore, briefly to investigate the grounds on which it stands.

The facts regarding the origin of vaccinia, so far as they are yet known to us, are these. The morbid secretions from the cow, which possess the singular properties of transplantation to the human frame, of exciting there a like disease, and subsequently of protecting the human body, to a certain extent, from the assaults of small pox, may be produced in that animal in four modes.

1. They are generated, spontaneously, in the cow, under certain circumstances of soil, season, and locality. Such diseased secretions are often met with in cows soon after parturition, in the spring season, and when feeding upon young grass. But they arise also spontaneously from other and less known causes, and the disorder spreads like other epizootic maladies. It was this form of vaccine disease which Jenner chiefly studied.

2. The very same malady, developing the very same morbid secretion, is often observed to spread *by contagion* : that is, by the application of the diseased secretion, thus generated, to the teats of healthy cows, differently circumstanced, by the hands of the milker.

3. The same morbid secretion, possessed of the same qualities, may be, and frequently has been, generated in the teats of the cow, by the application to them of the matter formed by the heel of the horse, when affected with the disorder called by farriers *the grease.* This *grease* matter may also be transplanted to man directly, without the intervention of the cow, proving that the anti-variolous property does not depend on any peculiar change which the virus undergoes while passing through that animal.

4. The same morbid secretion may be excited artificially in the cow by applying to the teats, or the mucous surfaces of the vagina, vaccine lymph from the arm of a child, even though twenty years had elapsed since that lymph had been humanized or assimilated to the human constitution.

This curious fact was first determined in Paris, in 1836, by M. Bousquet, the intelligent chief of the National Vaccine Establishment of France. The researches of Mr. Ceely have fully corroborated the truth of this statement, and I have frequently seen, at Paris and at the Small-Pox Hospital of London, the species of lymph, the *Retro-Vaccine* or *Vaccine Renouvellée*, as it is called, in use, and producing the most satisfactory results.

To these four modes of exciting that kind of morbid secretion in the cow, which we call vaccinia, (one constitutional and three artificial,) the labors of Mr. Ceely have now added a fifth. He has shown that the very same object may be obtained by applying to the mucous surfaces of the cow the matter of human small-pox. The vessels of the part are thereby excited to the production of a fluid or humor, identical in all its properties with that which arises from a constitutional and febrile disturbance in the cow's system, from contagion, from the matter of *grease*, or the long-humanized vaccine virus.

When we consider that five modes of producing this morbid secretion in the cow are now known to exist, it is not unreasonable to suppose that others may hereafter be discovered. In this state of our knowledge, then, surely we cannot be justified in assuming the fifth and the last discovery of the whole, as the most important, and as affording the true clue to the mystery of vaccine protection. We should reflect that Mr. Ceely's experiments have entirely set aside Dr. Jenner's notion that vaccinia was the original or primitive poison, which time and fortuitous circumstances had aggravated into the malignant or secondary form, which we call small-pox. They have proved (if indeed they have *any* bearing on the intimate nature of these poisons) that small-pox is the *primary*, and cow-pox the *secondary* form. But when we further reflect on the absence of a contagious principle in vaccine, and the remarkable fact that febrile disturbance is not essential to its perfect development, we shall probably be nearer the truth in saying that the vaccine is a poison *sui generis ;* that its relation to variola is still hypothetical ; that the real and intimate nature of the protection which it affords is still unknown to us ; and that a thorough acquaintance with its anti-variolous powers must be derived, not from analogy, but from an extended and careful observation of facts, continued through a long series of years.—*Med. Chirurg. Trans.*

Treatment of Acute Rheumatism with large doses of Nitrate of Potass.

Dr. Brocklesby seems to have been the first to point out the curative efficacy of saltpetre in the treatment of acute articular rheumatism. In his economical and medical observations, published in 1764, he has explained the practice which he found to be most useful. After taking a free bleeding from the arm, when the patient is young and robust, he orders a very copious allowance of warm gruel, in which from one to two drachms of the salt have been dissolved ; the patient is to take large draughts of this drink at short intervals. He has given as much as from six to ten drachms of the nitrate, dissolved in from three to six quarts of the gruel, during the course of twenty-four hours. This mode of treatment rarely fails in producing a great relief of all the symptoms in two or three days ; and very often a complete cure in the disease is effected, without having recourse to any other mode of treatment, within a week from commencing the treatment. The nitred diluent usually causes very profuse perspiration, and generally also acts upon the bowels ; if it does not, an aperient enema should be given occasionally.

It is to be observed that Dr. Brocklesby's remarks are drawn from practice in military hospitals, where the patients are usually robust and healthy.

In 1772, Dr. Macbride, in his introduction to the theory and practice of medicine, recommended the same mode of treatment. Two years later Dr. William White (Observations on the Use of Antimonial Preparations) makes the following remarks on the effects of large doses of saltpetre :—

'The employment of this salt, after blood-letting, is very useful in the treatment of acute rheumatism ; but it must be to the extent of an ounce in the twenty-four hours, if the vascular irritation be considerable ; small doses are of little service. In many cases of chronic rheumatism also, it is of great efficacy. Administered in the dose of from one ounce to an ounce and a half in twenty-four hours, it often cures the most severe cases of the disease, which may have resisted every other mode of treatment.'

The use of the nitrate, notwithstanding such decided recommendations, fell into neglect, and although noticed by M. Bosquillon in his translation of Cullen, it was not till 1832 when it was again brought to notice by M. Gendrin. One of his *internes* at the Beaujon Hospital, M. Aran, has brought together the reports of a dozen cases treated with the nitrate of potash in full doses, dissolved in copious draughts of a mild demulcent diluent, very nearly according to the directions of Dr. Brocklesby. The dose of the salt varied from four to eight or ten drachms in the course of twenty-four hours. The average duration of the treatment seems to have been about a week. In many of the cases there were well-marked symptoms indicating disease of the heart; these symptoms usually subsided with the suffering in the joints.

The *modus operandi* of the remedy was usually as a powerful diuretic and diaphoretic: occasionally too it acted on the bowels.—*Journal des Connoissances Medico-Chirurgicales.*

[The editors of the Medico Chirurgical Review remark on this subject:—]

We are generally pleased with the *reproduction* of any of the remedies which were much used and recommended by the sound practical physicians of the last century, as most assuredly these gentlemen were much less influenced by pathological theories in the treatment of diseases than most of the writers of modern times. That full doses of the nitrate of potash should act beneficially in acute rheumatism, we are quite prepared to expect: for it will be found that all powerful evacuant remedies, more especially those which act on the skin and kidneys, are more or less useful in this disease. One of the most generally useful of all remedies, in a large proportion of rheumatic cases, is the mistura guaiaci of the London Pharmacopœia; and it is observed that it is usually most beneficial when it acts on the bowels and kidneys. The vinum colchici, or the Dover's powder, may often be added with much advantage to it. Moderate blood-letting, and the exhibition of calomel at bed-time, with or without opium, should seldom be neglected at the same time.

On Dislocation of the Crystalline Lens.

BY JOHN WALKER, ESQ., SURGEON, MANCHESTER, ENG.

A severe blow, or other injury inflicted on the eye, will sometimes cause a displacement of the lens. This may occur in three different directions; the lens may be thrown backwards into the substance of the vitreous humor, forwards into the anterior chamber, and sometimes forced through the sclerotic coat, when it will be found lying between it and the conjunctiva. Instances of each of these forms of displacement are not unfrequently met with. The lens may also be more partially displaced, either upwards, downwards, or laterally. Dislocation of the lens, however, is not always the result of injury. I have seen cases in which the crystalline had been protruded into the anterior chamber when no accident had occurred, and where the change had been, to all appearance, spontaneous. In one case, a young girl, under the care of my colleague, Mr. Windsor, both eyes were thus affected; the lens was seen lying in the anterior chamber, its transparency but little diminished, of a bright, gold-colored tinge, and very much resembling a lump of clear, almost colorless, jelly. In this instance, the pupils were dilated and immovable, considerable inflammation existed, and the usual concomitants, intolerance of light, pain in the organ, and impaired vision, symptoms which were apparently referrible to the irritation caused by the displaced lens. The lenses were extracted, but the mischief engendered had been of too serious a character to be remedied, and the eyes remained perfectly amaurotic. Other instances of spontaneous dislocation are recorded; in some of these, the lens passed either in front or behind the pupil, according to the position of the head, and did not appear to excite much irritation.

It seems most probable that spontaneous dislocation of the lens can only result from a previous thinning or absorption of the capsule, although some of our best writers appear to think that when the lens retains its transparency the capsules remains entire, otherwise they presume that it would become opake, and be absorbed when in contact with the aqueous humor. This, however, does not seem a necessary result, except the texture of the lens were also broken up, which, in cases of spontaneous dislocation, we should not expect it to be.

When the lens is protruded either into the anterior chamber or between the sclerotica and conjunctiva, it will usually be proper to remove it from its new position as early as possible, as it will otherwise be sure to excite inflammation, which may lead to a serious impairment of vision. Indeed, the injury which is sufficient to cause displacement of the lens will very often be productive of other important consequences, as concussion of the retina and severe inflammation of the globe. For the removal of a displaced lens from the anterior chamber, a small incision will alone be requisite; the opening need not extend to more than one-fourth of the circumference of the cornea, when, if it do not readily escape, the introduction of an iris-hook will effect its dislodgment. In one case of dislocation into the anterior chamber, the lens, after extraction, was found completely ossified; it had been several years in its unnatural position, and had either produced or was attended by amaurosis.

If the lens had been forced through the sclerotica, and remain under the conjunctiva, a small incision into the latter tunic will be sufficient for its removal. In one instance which came under my notice, and which was occasioned by a blow, the wound of the sclerotica, through which the lens had been protruded, was scarcely perceptible, the displaced body was easily removed, and was found quite softened and slightly opake; the nature of the case was indicated by the injury, and by the size, shape, and consistence of the foreign body under the conjunctiva, and confirmed on its removal.

If the lens be displaced into the posterior chamber, it had probably better not be interfered with, except it be opake, and its removal seem likely to cause a restoration of vision; but even then it would be advisable merely to depress it, because the vitreous humor would most likely be disorganized.

It is worthy of remark, that the extraction of a displaced lens from the anterior chamber gave rise to the systematic extraction of cataract by incision of the cornea. Daviel, a French surgeon, took the hint from Petit, who, in 1708, punctured the cornea for the evacuation of a displaced and opake lens.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Causes of Sudden Death in England and Wales.

BEING EXTRACTS FROM MR. FARR'S LETTER TO THE REGISTRAR GENERAL.

It was proved from the abstracts of 1838, that certain causes of death affected the sexes to a very different extent. The same facts were observed in 1839.

Hooping-cough is an epidemic disease, and was less fatal in 1838 than in 1839; but the deaths from it of males and females were in nearly the same proportions. The agreement beneath the number of deaths from other causes—less liable to fluctuations—is remarkable.

The excess in the males who die violent deaths is to be ascribed to the dangerous nature of many of their occupations. The greater fatality to males of bronchitis, pleurisy, pneumonia, asthma, and some other diseases, will be perhaps justly considered due to exposure to the inclemencies of the weather. More boys than girls however die of pneumonia under one year of age, when this cause can have no influence. The differences of structure may explain the excess of deaths among males from hernia, stone, cystitis, nephritis, and, perhaps, from carcinoma. Intemperance, delirium tremens, gout, suicide, and almost all the causes of death which are the consequences of irregularities, vices, or crimes, are less fatal to women than men.

The rates of mortality from each particular cause have been calculated in the manner described in the Appendix to the last Report, to which I refer as well for this, as for explanations and qualifications of some of the terms to avoid unnecessary repetition. It will be recollected that in all the calculations a correction is made for the increase of the population, and that the 8482 deaths, in which the cause was not specified, are assumed to have happened in the same way as the 330,497 in which the causes were registered.

The number of deaths from the class of *epidemic, endemic, and contagious diseases*, was 65,343; and the mean rate of mortality per 1000 by the class was 4·25; in 1838 it was 4·52. The decrease was in small-pox and typhus, 16,268 persons having died of small-pox in 1838, and 9131 in 1839; 18,775 of typhus in 1838, and 15,666 in 1839. On the other hand, 6514 children died of measles, and 5802 of scarlatina, in 1838; while 10,937 died of measles, and 10,325 of scarlatina, in 1839. Hooping-cough declined. Croup, thrush, diarrhœa, dysentery, cholera, influenza, and erysipelas, remained stationary; none of them assumed the epidemic form. Ague rose from 44 to 95. In 1838, 16 males and 8 females died of hydrophobia; in 1839, 11 males and 4 females perished in the same way. Out of a population of 100,000 of each sex, 432 males and 418 females died of the epidemic class of diseases; but when the comparison is instituted between the deaths alone, the proportions are reversed; in 100,000 deaths of males 19,368, and in 100,000 deaths of females, 20,189 were from the same class of diseases.

The mortality from diseases of the *nervous system*, was 3·2 in a population of 1000, (500 of each sex;) in 1828 the mortality by every disease of this class, except epilepsy, insanity, and delirium tremens, was higher. From an accidental circumstance too many deaths are ascribed to chorea in the present abstracts; the proportions were much the same as in 1833. The diseases of the nervous system were 25 per cent. more fatal to males than to females, the rate of mortality among males have been 3·6, among females 2·8 in 1000.

90,565 persons died by diseases of the respiratory organs; the class comprises 27 per cent. of the deaths; and 59,559, or 18 per cent. of the deaths, the causes of which are specified, were by consumption. At the adult age, when consumption chiefly prevails, the numbers of men and women living are nearly equal, yet 31,453 females and 28,106 males died of this disease. The rate of mortality by consumption was, males ·003722, females ·004015; in 1838 it was—males ·003783, females ·004077, denoting a slight decrease, which was more obvious in the other diseases of the class. 659 deaths were ascribed to quinsey. This augmentation in the inflammatory affections of the throat was probably connected with the epidemic of scarlatina.

The number of cases registered as *diseases of the heart*, or of the *organs of circulation*, increased from 3562 to 3788.

20,767 persons are returned as having died by diseases of the digestive organs, namely, 3990 by diseases of the liver, 29 by diseases of the spleen, 4 by diseases of the pancreas, and 16,744 by diseases of the stomach and intestines. The mortality from this class was 1·351 in 1000; it was 1·287 in the year preceding. If we add the deaths from thrush (1019), diarrhœa (2562), dysentery (537), and cholera (394), to this class, it will make 25,279, which is to the deaths by diseases of the respiratory organs (90,565), after adding to them 8165 deaths by hooping-cough, 4192 by croup, and 857 by influenza, nearly in the proportion of one to four.

Diseases of the skin and *integumentary system* destroyed 420 persons in 1838, and 448 in 1839. The exanthematous fevers, with eruptions on the skin—small-pox, measles, scarlatina, and erysipelas—proved fatal to 29,787 persons in 1838 and 31,533 in 1839; when half the number (15,666) died of typhus, which is generally accompanied by rose spots upon the skin, petechiæ, or ulcerations of the intestinal glands of Peyer.

1275 males and 259 females died of diseases of the urinary organs: the rate of mortality was, males 169, females 33, in 1,000,000.

Child-birth was fatal to 2915 women; out of 1,000,000 females living, 363 died by this cause in 1838, and 372 in 1839. About five births in 1000 are fatal to the mother. It is to be regretted that no sign of diminution is perceptible in this class of deaths.

Violent Deaths.—12,055 deaths were referred to 'external causes or violence' in 1833; and 11,980 were classed under the same head in 1839. The number of suicides was less in 1839 than in 1838; but the proportions at different ages, in different parts of the country, and in the seasons of the year, remained unchanged.

The tendency to commit suicide appears to increase up to the age of 60, and to be then more than three times as great as at the age of 25.

The mortality of males from violent deaths was to that of females as 26 to 10; the tendency to suicide was 23 to 10, or nearly in the same proportion.

SUICIDES.			OTHER VIOLENT DEATHS.		
	Males.	*Females.*		*Males.*	*Females.*
1838	751	307	1838	7603	3061
1839	636	307	1839	7689	3000

To exhibit the influence of age, an abstract has been made of the ages of 5519 individuals who died violent deaths. The results are given in the annexed table, from which the deaths to 100,000 living at each age have been deduced, by raising them in the proportions of 5519 to 11,729 (the annual deaths said to be from 'external causes,' exclusive of those ascribed to intemperance and starvation), and distributing the population among the different ages in the proportions found to exist at the census of 1821. The suicides have been substracted. This gives an approximation sufficiently near for the present purpose.

It will be observed, that two-thirds of the males were aged 20 and upwards; while less than half of the females were of that age. Under 20, the number of males was 1311; the females, 853. At the age of 20 and upwards, the males were 2650; the females, 705. Nearly half (5315) of the total violent deaths in the country happen to men above 20 years of age; 44 per cent. are 20 and under 60. So that, exclusive of suicides, and the deaths at sea, 4367 men, in the prime of life, are cut off every year in England by injuries and accidents of various kinds.

The mortality occasioned by violent deaths is least at the age of puberty (10-20), and remains nearly the same (6·6 in 10,000) from 20 to 50; but as the accidents become more fatal every year from the age of 15, the facts show that many more accidents occurred when the men were young and inexperienced than in maturer life.

Nearly 12 men in 10,000 (exclusive of sailors and soldiers), aged 20 years and upwards, died violent deaths in the metropolis; and from the best estimate that can be made from the verdicts recorded in the registers, 5 of the 12 were suicides. One in 2000 men committed suicide in the year.

Louisville Medical Institute.

The fifth annual commencement of this school was celebrated on the 3d instant. The degree of M. D. was conferred on fifty-three young gentlemen, alumni of the school, two graduates from other colleges were admitted ad eundem, and the honorary degree of M. D. was conferred on four practitioners, from Kentucky, Tennessee, and Alabama. The valedictory address was delivered by Professor Caldwell. The number of bona fide students was 263, of whom Kentucky furnished 85—Tennessee 81—Alabama and Mississippi, each 30—the remainder were from the States south and west. We greatly rejoice in the prosperity of this respectable school. Many of its Professors are men of high attainments and distinguished reputation.

TO THE EDITOR OF THE LANCET.

DEAR SIR:—

On reading No. 9 of the *Lancet*, I find that Dr. Mott mentions several surgeons who have succeeded in extirpating the parotid gland; but among them I do not see the name of Professor Parker, of the College of Physicians and Surgeons in this city, who, according to 'Dr. Gross' Pathological Anatomy,' vol. ii. p. 170, has also successfully performed the same operation.

As I must believe the omission was made through ignorance and not intentionally, I would suggest to the 'Captain of the Deck' that this valuable work is every way worthy of his perusal. H.

New York, March 23, 1842.

To Correspondents.

Several communications have been received, and will meet attention in due time.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending March 19, 1842.

31 Men, 39 Women, 47 Boys, 39 Girls. Total, 156.

DISEASES.

Apoplexy	4
Asthma	0
Asphyxia	2
Abscess	1
Aneurism	0
Bleeding	0
Bleeding from stomach	0
Bleeding from lungs	0
Burned or scalded	0
Casualties	0
Cholera infantum	1
Cholera morbus	0
Cancer	0
Consumption	23
Convulsions	9
Croup or hives	5
Debility	0
Delirium tremens	1
Diabetes	0
Diarrhœa	0
Death from poison	0
Dropsy	4
Dropsy in head	6
Dropsy in the chest	2
Drowned	0
Dysentery	0
Erysipelas	0
Epilepsy	0
Fever	1
Scarlet	10
Typhoid	5
Puerperal	2
Remittent	3
Bilious	1
Inflammatory	0
Intermittent	1
Hip Disease	0
Intemperance	2
Inflammation	0
Of liver	4
Of bladder	0
Of brain	3
Of stomach	1
Of chest	4
Of lungs	10
Of bowels	11
Of throat	1
Of womb	0
Jaundice	0
Killed or murdered	0
Locked-jaw	0
Lues Venera	0
Mortification	2
Malformation	1
Marasmus	5
Measles	0
Old age	3
Organic disease of heart	1
Palsy	0
Rupture	0
Rheumatism	1
Spinal disease	1
Suicide	1
Sprue	1
Small-pox	8
Scrofula	4
Teething	4
Tumor	0
Unknown	2
Ulceration of throat	1
Ulcers	0
Varioloid	1
Whooping cough	5
Worms	0

AGES.

Of 1 year and under, 30; between 1 and 2, 14: 2 and 5, 22; 5 and 10, 3; 10 and 20, 7; 20 and 30, 21; 30 and 40, 20; 40 and 50, 11; 50 and 60, 8; 60 and 70, 8; 70 and 80, 4; 80 and 90, 0; 90 and 100, 0; 100 and upwards, 0; unknown, 2.

WILLIAM A. WALTERS, City Inspector.

City Inspector's Office, March 19, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, APRIL 2, 1842. No. 14.

REVIEW DEPARTMENT.

LECTURES ON THE PHYSIOLOGY,

AND

Diseases and Derangements of the Nervous System.

BY

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No. II.

The Physiology of the Nervous System.

[CONTINUED.]

Legallois, M. Flourens, and Sir Charles Bell, have erroneously considered the acts of the respiration as spontaneous, and the medulla oblongata as their source and *primum mobile*. I think I have, on the contrary, proved by experiments that this important function consists of excited acts, excited through a peculiar system of excitor nerves, and principally filaments of the fifth, the pneumo-gastric, and the spinal nerves. You dash cold water on the face of your patient, you pinch the pneumogastric in an experiment, or you sink gradually into the sea in bathing; in each case an act of inspiration is excited. Compare these nerves at their origin, and you will find that they all agree in one remarkable character—that of being formed of numerous distinct filaments. Compare their functions, and you will find them extremely complicated. They are all, however, excitors of respiration. The medulla oblongata, and the pneumogastric nerve, combines the action of the different muscles together into acts of respiration, &c., whilst this nerve is one of the excitors of these combined actions.

I perfectly agree with Sir Charles Bell in the opinion that the respiratory is entirely distinct from the other subdivisions of the nervous system; but I venture to differ from him in viewing the respiratory as but a part of a more extensive system—as an excited and not a spontaneous function—as originating, when the cerebrum is removed, in the pneumo-gastric as its excitor, and not in the medulla oblongata.

The act of deglutition is also an excited act: it requires the presence of some stimulus—of some substance to be swallowed: it is impossible to perform the act of swallowing three or four times in rapid succession, without taking something into the mouth: the absence of an excitant annuls the act, which, if it take place at all, must be an excited act. Yet this very act was excited in the most distinct manner, in an experiment of M. Magendie, by passing the finger into the pharynx of a dog, through an incision made between the thyroid cartilage and the os hyoides. A filament of the pneumo-gastric is stimulated; the effect of stimulus is conveyed to the medulla oblongata, reflected thence, and conveyed by appropriate motor nerves to the muscles of deglutition. Similar nerves are excitors and motors, under analogous circumstances, in regulating the action of the ejaculatores seminis.

The effect of cold water, suddenly applied to the surface of the body, is very remarkable and highly illustrative of other of the excito-motory functions besides respiration: if you dash cold water on the lower extremities of a patient, the sphincters are sometimes relaxed, with the expulsion of the urine, or of the fæces. It is probable that, at birth, the respiration is first excited, and the sphincters are first relaxed, by the contact of the cold atmosphere with the filaments of the fifth and spinal nerves.

I must now mention another fact. The whole tone of the muscular system is the result of an excito-motory function. The limbs of an animal, or of a part of an animal separated from the influence of the cerebrum, become relaxed on destroying the spinal marrow. If we remove the tail and the rectum from a recently decapitated turtle, the sphincter retains its circular form, the tail its firmness—phenomena which cease entirely on withdrawing the portion of spinal marrow remaining within the caudal spinal canal. I will notice in this place some other interesting experiments on this animal of cold blood, detailed in a paper published in the Transactions of the Royal Society, for 1833.

A turtle was decapitated in the manner usual with cooks, by means of a knife, which divided the second or third vertebra.

The head being placed upon the table for observation, it was first remarked that the mouth opened and shut, and that the submaxillary integuments descended and ascended, alternately, from time to time, replacing the acts of respiration. I touched the eye or eye-lid with a probe. It was immediately closed: the other eye closed simultaneously. I then touched the nostril with a probe. The mouth was immediately opened widely, and the submaxillary membranes descended. This effect was especially induced on touching the nasal fringes situated just within the anterior part of the maxilla. I passed the probe up the trachea and touched the larynx. This was immediately followed by a forcible convulsive contraction of the muscles annexed to it. Having made and repeated these observations, I gently withdrew the medulla and brain. All the phenomena ceased from that moment. The eye, the nostrils, the larynx, were stimulated, but no movement followed.

The next observations were made upon the other parts of the animal. The limbs, the tail, were stimulated by a pointed instrument or a lighted taper. They were immediately moved with rapidity. The sphincter was perfectly circular and closed; it was contracted still more forcibly on the application of a stimulus. The limbs and the tail possessed a certain degree of firmness or tone, recoiled on being drawn from their position, and moved with energy on the application of the stimulus. On withdrawing the spinal marrow gently out of its canal, all these phenomena ceased. The limbs were no longer obedient to stimuli, and became perfectly flaccid, having lost all their resilience. The sphincter lost its circular form and its contracted state, becoming lax, flaccid, and shapeless. The tail was flaccid, and unmoved on the application of stimuli.

This experiment affords evidence of many important facts in physiology. It proves that the presence of the medulla oblongata and spinalis is necessary to the contractile function of the eye-lids, the sub-maxillary textures, the larynx, the sphincters, the limbs, the tail, on the application of stimuli to the cutaneous surfaces or mucous membranes. It proves the excited reflux character of this property of the medulla oblongata and spinalis. It proves that the tone of the limbs, and the contractile property of the sphincter, depend upon the same function of the medulla spinalis—effects not hitherto suspected by physiologists.

I must now state that the phenomena which have been detailed subsist in distinct portions of the medulla. If, after severing the head of the turtle, the lower extremities and the tail be separated together, in the manner usual with cooks, the phenomena which I have described are still observed in the distinct and separate portions of the animal. The head, the anterior extremities, and the tail present the movements which have been described, when severally stimulated. The posterior extremities alone were observed to be flaccid and unimpressible to stimuli; and these were found, on examination, to have been separated from their connection with the spinal marrow.

An interesting experiment demonstrates the powerful influence of the spinal marrow over the sphincter ani in the turtle. If, after the removal of the tail and the posterior extremities, with the rectum, and of course with a portion of the spinal marrow, water be forced into the intestine, by means of Read's syringe, both the cloaca and the bladder are fully distended before any part of the fluid escapes through the sphincter, which it then does on the use of much force only, and by jerks. The event is very different on withdrawing the spinal marrow: the sphincter being now relaxed, the water flows through it at once in an easy continuous stream, with the application of little force, and without inducing any distension, even of the cloaca.

Since the publication of this memoir, I have found that similar movements of the limbs are excited by pinching the lateral nerves, as they leave the spine, continuously, by the forceps. The influence of this stimulus is not only reflected upon the limbs, but it is retrograde in its course, passing from a nerve proceeding from the middle part of the spine, forwards to the anterior, as well as backwards to the posterior extremities. This experiment appears to me to present us with the simplest type of some spasmodic diseases, and especially of the traumatic tetanus.

From other experiments on the frog, I have ascertained that the extreme filaments of the excitor nerves are more impressible by stimuli than the same nerves in their course.

These phenomena are most obvious in the lower orders of animals; in the very young of the higher orders; and in the state of hibernation in those animals which are susceptible of this extraordinary condition of animal life. They abundantly confirm the account which I have given of the distinction between the sentient and voluntary, and of excito-motory functions, in the human subject.

The third subdivision of the nervous system embraces all the ganglionic nerves. I have divided it into the internal, which comprises the sympathetic and perhaps a part of the pneumo-gastric; and the external, which embraces all the other ganglionic nerves, the fifth especially, and the posterior spinal.

The only novelty which attaches itself to this part of my division of the nervous system, is that which relates to the external ganglionic, or external nutrient, nerves.

I am not aware that any preceding inquirer has suggested the real office of the ganglia on the fifth and posterior spinal nerves.

Prochaska asks, p. 353, 'Quis rationem dabit:'—'Quare radices anteriores nervorum spinalium ganglia spinalia insalutata transeant, et quare nam solæ posteriores radices ganglia spinalia trannare cogantur.'—'Quare omnium cerebri nervorum solum quintum par post ortum suum more nervorum spinalium ganglion semilunare dictum facere debet, sub quo peculiaris funiculorum fasciculus ad tertium quinti paris ramum maxillarem inferiorem dictum, properat insalutato ganglio semilunari ad similitudinem radicum anteriorem nervorum spinalium?"

Sœmmering has asked similar questions. Sir Charles Bell has quoted Prochaska, and Sœmmering, and Scarpa, in a tone of exultation; but I confess that to me it appears that that justly-celebrated physiologist has not approached any nearer to the solution of these questions than his predecessors. Sir Charles Bell has, I believe, distinctly proved the difference of function between the anterior and posterior spinal nerves, and between the respiratory and other nerves—brilliant discoveries—which will, as long as anatomical and philosophical science last, perpetuate the memory of his genius; but there is no connection between the function of sensation and the existence of a ganglion; and the unequivocal sentient nerves, as the olfactory, the optic, the auditory, are without any thing very distinct of this kind.

The questions, then, still remain, why is the portio major of the fifth, especially, and the posterior spinal nerves provided with ganglia? The reply to these questions, and the argument, may be stated thus:—

1. There is an internal nerve for formation, nutrition, &c.
2. The nerve is ganglionic.
3. There are external organs and structures requiring nutrition, &c. There are also external ganglionic nerves.
4. The inference is plain, that these constitute the external ganglionic sub-system. The fifth especially abounds with ganglia.

It is true that the semi-lunar and external spinal ganglia differ in appearance from the ganglia of the sympathetic, as Sir Charles Bell has well displayed. What is the nature of this difference? To this question I find no reply in authors. It is plain, however, that the difference consists in their being, alone, plexic. The internal ganglionic nerve is purely nutrient: its ganglia are simple. The external involve sentient, and I believe excitory, nerves, with the nutrient; they combine, therefore, the appearance of the plexus and of the ganglion.

I must add another argument upon this point. If the sensation of the face be lost by paralysis, arising from disease of the brain, the eye is safe; but if the same event occur from compression or destruction of the fifth, within the cranium, by disease, or in an experiment, the eye ceases to be nourished, and becomes destroyed! In the former case, the nerve of sensation merely has suffered; in the latter the nerve of nutrition, as well as sensation, has been involved in the disease or injury.

Professor Mott's Lectures on Surgery.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

SESSION 1841–2.

In the posterior fauces we meet also with tumors that are pendulous and pedunculated, attached to the velum, and sides of the posterior fauces. That is all that you can say about them. They are not polypi—they are harder, and hang, as I have said. I have seen them repeatedly, and cut them off with scissors. I have a pair or two of long probe-pointed, which answer this purpose very well.

The uvula is also occasionally affected with disease. The only disease here requiring an operation is hypertophy—a general enlargement of the uvula. This calls for an operation, because it gives rise to inconvenience, if not positive evil. For the purpose of removing this enlargement, you use a long probe-pointed scissors, or you may hook it and cut it off any way you please. I have generally taken a common hook, and holding on to it, cut it off with scissors If you do not hold on to the uvula, you cannot cut it off nicely, for you know it is moveable. There are a great many persons who have 'chronic catarrhs,' and the uvula is often affected in such cases. The rule in treating these enlargements is—if the uvula is double its usual length, cut it off.

'The next affection to which I will direct your attention,' continued the learned Professor, 'is

ENLARGEMENT OF THE TONSILS.

By this I mean simple hypertrophy of these parts. The tonsils are glands of the follicular sort, and are situated between the anterior and posterior pillars of the fauces. These glands often become permanently enlarged in our climate, and become objects of surgical attention. Sometimes the enlargement is the result of inflammation, or of tonsillitis. Whenever they are enlarged to any degree they are exceedingly inconvenient whenever the person shall have a renewal of the disease that produced them.(!) For instance, whenever they are enlarged to two or three times their natural size; whenever inflammation occurs in them, and the enlargement occurs, very great inconvenience is the result, and if in children, they are always producing great difficulty in the resonance of the voice. A child laboring under enlargement of this description, will have a very bad voice, as it is termed—not clear and distinct, as if free from this enlargement; therefore, whenever children have these, they become objects of our attention. These enlargements will frequently be very much relieved whenever the enlargement is considerable, by applications made to them, but occasionally they become permanent, and then, of course, no application will avail any thing to depend upon. The enlargement of the tonsils is more frequently occurring in strumous children, probably, than others of a different habit. I have seen them repeatedly in children of a strumous habit, and where too they have enlarged without ever having had acute disease, or acute inflammation of this part. They appear to be subject to enlargement in strumous habits, like the enlargements occurring in the lymphatic glands. Although this is not a lymphatic gland, still it is of a glandular structure. Whenever, therefore, they are enlarged from any cause, and the enlargement is permanent, it behooves us to advise their removal. The tonsil glands may be removed in various ways, but their removal is often attended with great difficulty in children, and that arises from the great difficulty there is in keeping open the mouths of children. At different periods of time different expedients have been resorted to for the purpose of getting rid of these enlargements. In early times, we are told, they were torn out with the finger; and the actual cautery has been applied. In the time of Desault they were in the habit of making use of a red-hot knife, with a view to guard against the hæmorrhage. In the time of Bichat ligatures were used, and this was also the plan amongst the older British surgeons. But this is a tedious and by no means satisfactory way of getting rid of them. In performing the operation, especially in children, you need something to hold down the tongue. I got a kind of spatula made, by which the assistant can do so, and at the same time have his hand under the chin and out of my way. Then you may make use of an instrument that will surround the gland, having in it a sort of concealed knife, with which you can cut off the gland. But the difficulty is to locate this instrument exactly; it slips off so easily that its use is attended with great difficulty. I am not sure who invented this, as I have had so many things to think about and remember, but I rather think Dr. David L. Rogers, of this city, had something to do with this. Here is an instrument which has some advantages, and which I think may be used in some circumstances advantageously. It is a peculiar pair of scissors, having two hooks at the under part which hold on to the gland as it is cut off. This is the invention of Jules Cloquet, who is a man of distinguished reputation in Paris at this day. Mr. Tieman, of this city, has manufactured an excellent instrument for this purpose. [The Professor exhibited Mr. Tieman's instrument to the class] I think a Dr. Fahnistock, of Philadelphia, has invented an instrument for the same purpose,* but Mr. Tieman's is the best invented I think—you cannot do any mischief with it, it is impossible. But where you can, my advice is, if you are familiar with the anatomy of the part, perform the operation with a bistoury and a hook. I cut them off altogether of late years in this way. For this purpose you require a larger and stronger hook than common. Here is one with three prongs; with this you hold on to the gland, and pull it outward a little, and then with a sharp-pointed bistoury, passed over from behind, you cut it off with a little sawing motion. But you must be careful and not cut too deep. Pull the gland out a little, as I said, and judge from the size of it how deep you are to go, lest you should meet with a serious accident. I have never seen that myself, but we are told on the best authority, that the carotid artery has been cut in this operation. It does not lay a great way off, and if cut it must necessarily be fatal to the patient. I cannot say more than that it has happened. This is the shortest way that I have described, and decidedly, under all circumstances where you can employ it, it is the best way. I had the idea formerly that there would be danger from the hæmorrhage, but there is really none. You let the patient rinse his mouth with vinegar and water, and there is very trifling hæmorrhage. You can cut off both tonsils at one sitting. There is very little pain and no danger. It is a very simple operation.

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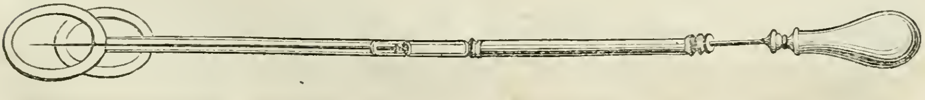
* [The gentleman to whom the Professor alluded is Dr. William H. Fahnistock, of Lancaster, Pa. His ingenious and useful instrument is described by Dr. Norris in his edition of Liston's Surgery, and consists of a piece of steel, rounded and polished, eight inches long, and about one-fifth of an inch in thickness, with a hole passing longitudinally through its centre. One end of this is made to terminate in an oval ring that is split into two equal parts, which division extends one and an half inches down the stem, for the passage of the knife. On the stem are two projections—one close to the extremity of the oval, and the other about three inches below it; through which are small holes for the passage of the needle. The needle is four inches in length, and works through the two small holes just mentioned, The knife is flat, and made to fit in the split of the above-named oval; the stem to which it is attached passes through the longitudinal hole in the instrument, and has the handle affixed to its end. In operating, the tonsil is caught in the oval opening of the instrument, where it is firmly held by pushing the needle through the base of the gland. Thus secured, the instrument is seized with the left hand, while with the right the knife is drawn out, and the part excised. Regarding this instrument as well adapted to effect the object of its invention, and as its simplicity renders it preferable to many others employed for the same purpose, we annex an engraving, from a drawing, half the size of the instrument. The knife is partly drawn down, as in cutting.—Ed. L.]



A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.
BY
JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons, New York, during the Spring Session, 1842.

[REPORTED FOR THE LANCET.]

Lecture I.

General Anatomy of the Heart—Its position, and manner in which it is kept in situ—Proper mode of making post-mortem examinations—Weight and measurement of the Heart.

After a description of the general anatomy of the heart, the lecturer proceeded to speak of its lining membrane. This, at first sight, appears to be of the character of a serous membrane, but on examination we will find that it partakes also of the character of fibrous tissue, and may, therefore, with propriety be denominated a fibro-serous membrane. Whilst the general structures and relations of the heart are easily learned, there are some points connected with its anatomy which are not generally so well understood, and which as they are not given in works on general anatomy, do not attract the attention of students until they come to examine the diseases of this organ. You know that of late years a branch of surgery has sprung up, which has received the name of surgical anatomy, and the importance of which cannot be too highly estimated. Now there is a medical anatomy, the knowledge of which is as necessary for the formation of a correct diagnosis, as surgical anatomy is for the safe performance of surgical operations. First, then, let us direct our attention to the position of the heart and the means by which it is retained *in situ*. The heart lies, you know, posteriorly on the dorsal vertebræ, and extends from the fifth to the ninth dorsal vertebra. In the healthy state it very seldom varies from this description. The next point to be attended to is the apex of the heart. Perhaps there is not a single fact connected with the anatomy of the heart, more necessary to be carefully recollected than the point where the apex strikes in a state of health. The apex of the heart, in a state of health, and when the person stands upright, always strikes between the cartilages of the fifth and sixth ribs. A very common way of ascertaining the position of the heart's apex is to take the nipple as a guide. But this is unsatisfactory, for the nipple is not uniformly situated at the same point; generally the fourth rib passes directly under it; but sometimes the nipple is half an inch higher or lower. If I say that the apex will be one and an half inches below and inside the nipple, I state a fact generally correct; but there are no exceptions to the fact, that in a state of health, and when the subject of examination is standing or sitting upright, the apex of the heart will be found striking between the cartilages of the fifth and sixth ribs. I say 'standing or sitting upright,' because the heart, not being a fixed organ, changes its position with the motion of the trunk. The next point worthy of particular attention at this stage of our inquiries, is in relation to the valves of the heart. The precise situation of the valves should be very carefully studied and remembered. You will find that the sigmoid valve of the aorta and of the pulmonary arteries, are situated directly one above the other, and that they are situated at the centre of the sternum, exactly between the cartilages of the third and fourth ribs. The metral valve is situated on a line with them, but a little farther to the left. Notwithstanding the close contiguity of these valves, a little practice will enable you to asertain their situation with perfect accuracy. [Dr. Swett here introduced a robust young man, on whose chest he had marked the position of the heart and its valves, which he pointed out to the class.] The next point to which I would now advert, is in reference to the proper mode of examining the heart. The heart is often very carelessly examined in *post-mortem* examinations, and I wish to impress on you the necessity of great precision. The slow progress of the science of medicine, and the prevalence of so many conflicting opinions, may be partly ascribed to the carelessness with which medical investigations have been conducted. Half an inch of difference from the normal standard of the heart is often of immense importance in the diagnosis of diseases of this organ. Therefore it is by no means enough to have a loose and general idea of these structures—you must have a most intimate acquaintance with them, and be able to subject them to the test of accurate measurement. Suppose we have had a patient who has died of disease of the heart, and we wish to examine the organ in order to ascertain the nature and extent of the morbid changes which it has undergone, how should we proceed? You are, of course, well aware of the manner in which the *post-mortem* examination should be commenced. If the heart be much enlarged, and you wish a minute examination, the best way is to saw through the ribs somewhat outside the cartilages, so as to have a larger space. But in ordinary cases, this perhaps is not necessary. The next thing to which you come is the common cellular tissue, which connects the fibrous membrane of the pericardium to the cartilages of the ribs and the sternum; the heart must now be cautiously raised out of the pericardial sac, and you ascertain the quantity of fluid contained in the latter. Effusion into all the serous cavities is so very common in the latter stages of disease, that if you should find even three or four ounces of serum here, you must not set this down as an abnormal appearance. The next step is the removal of the heart from the chest, and if you wish to be accurate in ascertaining the quantity of blood in the cavities, you must apply a ligature on the great vessels before dividing them. You had better remove the lungs before you take out the heart. Having removed the heart, you must first ascertain whether it is larger than natural. Many say, in a loose way, that they have found the heart larger than natural. But it is nesessary to have a standard by which we can judge with more accuracy. You may either weigh the heart, or measure it, and these are the only modes of correctly estimating its size. Now the heart has not been weighed sufficiently often in order to establish its weight with precision. As far as this mode of examination has gone, however, the result is that the average weight of the heart of an adult in a state of heath, is eight or nine ounces, In the female, the heart is a little smaller than in the male. It is also of importance to recollect that the heart continues to grow during the whole of life. Thus the heart of a man at forty, is larger than it was at thirty, and at fifty it will be larger than at forty, and so on to the remotest period of life. So you must take into account the age of the subject whose heart is under examination. But the best way to estimate the size of the heart is to measure it; and here let me remark that it is of importance to know what particular parts should be subjected to measurement. First, you are to ascertain the size of the organ considered as a whole. Second, whether the valves of the heart accurately close the corresponding orifices. In relation to this point there is often a very great error committed. Often the orifices are enlarged, whilst the valves retain their natural proportions, and persons are often frequently misled, and conclude that as the valves are of their proper size and free from disease, no abnormal condition exists, whereas in reality, the orifices being enlarged were not closed, and the valves therefore did not execute their duty, and morbid sounds were produced by this imperfect closure of the orifices, just as much as if the valves themselves had been seriously diseased. This explains the obscurity of the views generally entertained of valvular diseases, and which has indeed led some good observers to say that we can never arrive at any thing like precision on this subject. Third, the dimensions of the several orifices must be ascertained, and this can be done only by cutting the heart open after the two points already mentioned have been settled. Fourth, the dimensions of the cavities of the heart are to be discovered; and fifth, the thickness of the parieties. By taking a fixed standard for all these points, you can very easily be enabled to say in any case whether the heart is larger than natural, so far at least as the ventricles are concerned. The auricles being so irregular in their shape and size, we cannot fix upon any standard of uniform accuracy. This, however, is not of great importance. The following tabular view of the dimensions of the heart, furnishes you with a standard, the accuracy of which may be depended on. It was arranged by M. Bizot, a student of Louis', and was originally published in the first volume of the 'Transactions of the Medical Society of Observation' of Paris:—

THE HEART, AS A WHOLE.	Inches.
Length	3½
Breadth	4
Thickness	1½

LEFT VENTRICLE.	Inches.
Length	2½
Breadth	4½
RIGHT VENTRICLE.	
Length	3
Breadth	7

THICKNESS OF PARIETES.

Left ventricle...4, 5, 3 lines; Right do......2, 1, 1 line.

CIRCUMFERENCE OF ORIFICES.

	Inches.		Inches.
Left anriculo-vent.	4	Right do.	4½
Aortic	2½	Pulmonary	2½

The right side of the heart appears, you see, to be larger than the left, and in the books it is generally so represented. This opinion is founded on what we find after death. But does it follow that it is so in life, and in a state of health? I think not; and I will state my reasons for so thinking. It puzzled me to discover, when I began to think on this subject, what object could be answered by the right side of the heart being made larger than the left. I could not see any reason why it should be so. But in my opinion the matter has been satisfactorily settled in experiments performed some years ago by Professor Cruveilhier, of Paris. I should premise that the right cavities of the heart are more or less loaded with blood during the last agonies of dissolution, and then the question naturally arises, whether this distension might not naturally produce an enlargement of the cavities? But Cruveilhier decapitated a number of animals, thereby at once cutting off the circulation, and on examination of the heart, he found both cavities perfectly empty, and both precisely the same size. Professor C. then tied a ligature round the aorta, the heart continuing to act for some time. In this case he found precisely the opposite state of things discovered in the former experiments—the cavity of the left ventricle was the largest. The results of these experiments prove conclusively to my mind, that the difference in the size of the cavities of the heart observed after death, is caused by the thinness of the muscular fibres of the right cavity allowing distension of the ventricle, from the regurgitation of blood during the agonies of death.

To-morrow, gentlemen, I will offer some remarks on the Physiology of the Heart.

On Regimen and Longevity: Comprising Materia Alimentaria, National Dietetic Usages, and the Influence of Civilization on Health and the Duration of Life. By JOHN BELL, M. D., Lecturer on Materia Medica, Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society, &c., &c. Philadelphia: Haswell & Johnson, Ninth and Chestnut streets. 1842. 12mo. pp. 420.

This is a useful compilation of known facts respecting the dietetic usages of ancient and modern nations, and the alimentary value and amount of the substances used for food in almost every part of the inhabited globe. The volume is altogether creditable to the industry and judgment of Dr. DELL, and deserves an extensive circulation. It is written in a popular style, but is also exceedingly well adapted to such professional readers as may not have leisure for the study of more elaborate works on the very important subjects to which it relates. The following extracts will enable our readers to estimate the skill with which the author has arranged his ample materials:—

The alimentary products of the United States of America are most abundant, and their consumption placed within the means of nearly all classes. Even the slave population of the south is better fed than the peasantry of any part of continental Europe, and luxuriously compared with a large proportion of the operatives in Great Britain. A full supply of animal food, usually bacon or salt pork and salt fish, with corn bread, is allowed to the slave; to which is added, either the Irish, or still more commonly farther south, the sweet potato; and, instead of corn, rice in the lower districts of Carolina and Georgia. In Virginia and the west, fresh meat is given to them not unfrequently. To most of them is allotted a piece of ground (a patch) for a garden, in which they grow sundry vegetables and fruit for their own use, and not seldom for that of their masters, by whom they are paid at a fair price. Poultry and eggs, which they also have of their own, is more generally sold by them, either to their master's family or at the nearest village or court-house; and with the money they purchase groceries and other minor luxuries, or articles of personal adornment. The fruit, which they raise in the largest quantities for their own consumption and for sale, is the water-melon. The house slaves partake of the fare of their superiors, with the exception of a more restricted use of wheat bread; but this cannot be called a privation among a people with whom, as in the case of those of the south and west, maize is the bread-corn, and the preferred one of the country. The allusion to this class of our population has made me anticipate a notice of their food, by placing it first in an account of the dietetic regimen of the people at large of the United States. I believe that there is no other example of two of the chief cerealia grown over such an immense extent of country, and both of them used together or in alternation by the inhabitants for their bread-corn, as we find in the case of wheat and Indian corn, as grown and eaten in the United States. Throughout most of this extensive range the potato is also raised and eaten. This superabundance of vegetable aliment of the first order is accompanied with nearly a corresponding supply of animal foot; and hence it may be truly said that the people of the United States are, in a large majority of them, overfed, if we compare the quantity of both vegetable and animal aliment which they consume with the quantity that is found adequate to the proper sustenance of large masses both in Asia and Europe. The artisan of our cities, and even the hired laborer in the country, eats meat oftener in the day than many of the farmers, owners of the land in France, and substantial renters on shares (metayers) in Italy, eat it in the week. The kind of animal food of the greatest consumption, perhaps I ought to say which is eaten over a greater extent of country, is the flesh of swine, salted pork in the northern and eastern, salted and smoked, or bacon, in the southern States. This is the standard article at table, sometimes the only one; but more commonly it is reinforced by either butcher's meat, or during more than half the year in the south and west by poultry. The supply of beef, mutton, and veal, in the northern and middle states, is abundant. In the south, bacon, poultry, and veal, are the chief animal substances used. Upwards of six millions of swine are owned in Ohio, Kentucky, and Tennessee. New York has upwards of two millions; Pennsylvania a million and a half; Virginia nearly two millions. In fine, there are, according to the census of 1840, upwards of twenty-three millions of swine* in the United States, the greater part of which may be considered to have been appropriated for the food of the people. The number of neat or horned cattle is upwards of fourteen millions, being more than that in Germany with her population of 30,000,000 of persons. The proportion also is much greater in this country of these animals killed for food than in Germany, where the requirements of agriculture call for a larger number of oxen, and the wants of the dairy for cows, than in the United States. In France, with a population of thirty-three millions of persons, there are short of 7,000,000 horned cattle, and about 4,000,000 swine. Of sheep, in the United States, the number may be estimated at between nineteen and twenty millions, but of the proportino reserved for wool especially, and that for food, we are not informed.

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* The want of official returns from Kentucky, North Carolina, and Michigan, makes it difficult to give an accurate estimate of the entire products of any kind. This and the other statistical returns, which will be given hereafter, must therefore be regarded as approximative, when for the whole Union.

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The nutrimental substances derived from the vegetable kingdom are in peculiar abundance and variety. Wheat and maize are distributed over nearly the whole United States, from Maine to Arkansas, and are at the disposal of, as they to a certain extent are consumed by, all the inhabitants: but, in defining more accurately, we shall find that wheat may be called the bread-corn of the people of the northern and eastern States, from Virginia north; and maize the bread-corn of those of the southern and western States; at the same time that maize in the former, and wheat in the latter, region is freely eaten. In quantity, Indian corn exceeds, being 360 millions of bushels, whilst that of wheat is about 85 millions of bushels; but the proportion used in feeding horses and stock of the former is so large that we cannot well institute a comparison between the two, in their relative consumption by the people of the United States. If we allow eight millions of bushels of wheat including the quantity exported in the shape of flour, and deduct for seed a seventh, or 12 millions of bushels, there remains for consumption by the inhabitants 65 millions, or less than four bushels per individual yearly; but as Indian corn is in many States the chief bread-corn, and to the slave population almost entirely so, the average quantity for those whose bread-corn is wheat is much larger than the above; we might say nearly twice the amount, or eight bushels per individual. The quantity of potatoes raised in the United States in 1840, was about 103,000,000 bushels: as these constitute a part of the food given to swine, and in degree also to horned cattle, we have not the means of ascertaining the quantity eaten by the people; but this must be great, even if we make large deductions for the purposes just mentioned. Rye bread is eaten, but not to the exclusion of wheat or maize: it is, we must fear, chiefly appropriated to the purposes of distillation, although some is exported. The quantity of this grain grown in 1840, in the United States, was about 17,000,000 bushels. That of barley was only 4,000,000; it is consumed almost exclusively in brewing and distillation. As might be inferred from the great number of horses for agriculture, the road, and carriages for individual pleasure, the quantity of oats grown in the United States is considerable, being about 110 millions of bushels in 1840. Buckwheat, of which about 8 millions of bushels were grown in 1840, is not used in the form of bread, but of cakes, which are eaten when yet warm, with butter. Rice, of which about 76,500,000 pounds were grown in 1840, is exported in large quantities, or the amount of nearly two millions of dollars; as food, its use is restricted mainly to the lower counties of the States in which it is grown; the slaves, in those parts, receive a certain allowance of rice. The consumption of this most wholesome and quite nutritive grain is increased of late years to the north.* The products of the dairy are estimated at between 34 and 35 millions of dollars, of which New York contributes nearly ten millions and a half, Vermont nearly five millions, Pennsylvania upwards of two millions, Ohio one million seven hundred thousand, Virginia, New Hampshire, Maine, Connecticut, and New Jersey, each, about a million and a half; Massachusetts upwards of two millions of dollars.

With such a superabundance, as I have already said, of aliment of all kinds, procurable by all classes above destitution, it is natural that the Americans should be great eaters; one man consuming as much animal food in a day as would support three laboring men in Europe; and, together with vegetables and bread, taking also his glass of milk and no small quantity of pie or pudding, with often fruit afterwards. A man in harvest time, in almost any of the States, eats at his three meals, more, in nutritive amount, than would constitute luxurious living for eight East Indian or Chinese palanquin bearers for a week. In addition to the quantity, the time for consumption of food by our people is surprising, the latter being, however, in its brevity, in the inverse ratio of the former. Often, also, the rapidity with which a meal is dispatched seems but a signal for entire cessation from all labor, even that of thought, for some time afterwards. Thus, it is common enough for men of active business habits to make an onslaught on a well furnished table for about five or ten minutes, during which brief period they swallow, we will not say masticate, for they seem to consider their teeth as quite unnecessary instruments, with a fearful rapidity, parts of half a dozen of dishes. This feat accomplished, for really a simple Hindoo or Chinese would suppose it must be a piece of jugglery, these thankless consumers of the gifts of Providence, in place of rushing out from the table to their several marts of trade, as their first inordinate haste would seem to indicate, will be seen to seat themselves very leisurely, and, with their feet up and head thrown back, to puff away at their segars, for the next hour, with a gravity and an appearance of want of all care, which would do credit to the most orthodox follower of Mohamed, when enjoying his modicum of opium, and perchance dreaming the while of his being suddenly made a pasha of three tails, and having the plunder of a province at his disposal. But not to smoking only or the more noxious in itself, and more obnoxious to others, chewing of tobacco, do our people rely for helping digestion, as they call it, and for rousing their dormant sensibilities after their anaconda repast. Wines and spirituous liquors, the difference between the two being as 20 per cent is to 50 per cent of alcohol, are freely had recourse to; the first by the wealthier few, the latter by the many, in both town and country; and potations of various degrees of strength and frequency are indulged in. The time was, when the description of the drinking habits of the Scandinavians would have been strictly applicable to those of the American people; but happily, and to Providence be our gratitude due, if we thank him for anything, a change is coming over the land, slow, indeed, but regular and efficient, mild in its means, but powerful and deep in its effects.

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After this preliminary statement of the chief proximate and nutritive principles of vegetable substances used for food, the reader will be better prepared to see, that, whilst nature varies so much the geographical range of plants from which mankind procure their food, the essential differences are not near so great as would at first appear. Perhaps a knowledge of this fact may prevent young persons from unreasonable prepossessions in favor of any particular grain or root, to the exclusion of, or prejudice against, others equally as good and as nutritive, and quite as palatable. Vegetable chemistry shows, also, that a diet exclusively vegetable may, as it generally does, embrace a variety of proximate principles; and that simplicity of diet does not imply the use, exclusively, of any one of these principles. Health could not be maintained by such a course; on the contrary, variety is indispensably necessary, and, happily, it is procured by even the poorest and most wretched. They who restrict themselves, for example, to wheat, eat, together with the chief nutritive principle starch, a portion of gluten, which is analogous to animal flesh, and some sugar and gum, both of which are nutritious, and, combined with the preceding principles, give a very good variety. The eaters of rice cannot procure from this grain these advantages; but, almost always, they add to it another important and quite active proximate principle, which may be called the oleaginous, such as vegetable oil, or occasional animal oil or fat. Milk represents, as will be seen hereafter, three proximate animal principles, having strongly nutritive properties; and either it or one of its important principles, butter or cheese, is consumed as food to a very great extent by pastoral people, as well as by the majority of the inhabitants of agricultural countries. Fruits, so abundant and rich in sugar and mucilage, in those regions in which vegetable is nearly the sole aliment of the people, make a pleasant and wholesome addition to their corn or leguminous food. In the date for instance, which we shall soon see is so highly prized for its nutrimental properties by so many different people, these two principles abound; and hence, the addition of a very limited supply of farinaceous matter, derived from rice or millet, will suffice for all their alimentary wants. The physician prescribing and the invalid resorting to a vegetable diet, for the prevention or cure of disease, may well derive from the above remarks a salutary hint. They will see, that a palatable variety is both admissible and healthful; and that fault is often found with this kind of diet, when the blame really attaches to the exclusive use of one article, or even aliment. The saccharine will disagree with some, and be salutary to others—or, as the chief portion, it will be hurtful—secondary and in small quantities, useful, and so of the amylaceous or starchy, and the oleaginous, &c. Farther extension will be given to these views, when some additional nutritive proximate animal principles are introduced in the chapter on animal food.

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The following remarks on the comparative longevity of the sexes, present many interesting details:

I. Sex. If it be a question to be determined, which of the two sexes has the greatest prospect of longevity, then, as part of the general subject, it will be asked, which of the two is the most numerous at the beginning of life. The reply is, that there are more boys born than girls, in the proportion of sixteen of the former to fifteen of the latter. The main question of greater longevity is determined in favor of the female sex. The original difference in favor of the males, on the score of numbers, and consequently chances of longevity, is done away with by greater mortality in early life, and also later in life, on account of intemperance, excessive fatigue, multifarious exposures and wars. Even a cause of death peculiar to females, that of child-birth, is not so operative as from violent deaths among men. In England, in 1838, 2811 women died in child-birth, while 8359 males and only 3368 females died violent deaths. The mortality attributed to intemperance was 125 males and 36 females. But there are primary causes inherent in the organization of the male, which are active, even before birth, in his destruction. Thus, it has been found that the proportion of still-born males is greater than that of still-born females. On an average of twenty births, there is one child still-born. In illegitimate children, the proportion is two in twenty-four. In West Flanders, according to M. Quetelet, the proportion of still-born males to still-born females, was as fourteen to ten: it was the same in Berlin.[*] Still illustrative of the fact of differences of original organization and consequent impressibility in the males by agents to which both sexes are equally exposed, is the fact mentioned by Dr. Emerson, in reference to mortality in early life in Philadelphia. 'It is,' he tells us,' 'a fact of the highest interest, that although the males at birth, for the whole period (of ten years) exceed the females by more than seven per cent., such is the greater ratio of mortality among them during the first year of life, that at the fifth year the excess of males is only about five per cent., whilst by the tenth year, it has been so reduced that the excess is about one per cent.'[†] The proportionate difference of mortality between the two sexes is variously estimated by different writers. The following table exhibits the deaths annually of each sex, out of 1000 of each living in each interval of age in England.

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* The entire exports of "Vegetable Food" from the United States in 1840, have been reported to amount to $15,587,657.

Between Ages.	*Males.*	*Females.*
0 to 5	53.5	46.0
20 " 30	10.1	10.4
30 " 40	11.4	12.4
40 " 50	14.9	14.9
60 " 70	45.3	41.2

It will be seen from this table, that while the mortality of the males greatly exceeds the females in the first five years of life, there is nearly an equality established between the two sexes in the period between twenty and thirty years of age, which is lost to the disadvantage of the females in the next ten years, or between thirty and forty, and established again in next decade, or between forty and fifty. The advantage is again on the side of the females, between sixty and seventy years of age. The Swedish tables, in which the sexes are distinguished, make the mortality of males greater than that of females all through life; and this accords with several other observations. In the eighteen years, 1813–30, the mortality, according to English returns, was greater among males than females, up to puberty and after fifty; during the period of child-bearing more females died than males. The observations made in Belgium present nearly similar results.[‡] There is one disease from which the mortality, at least in England, is greater among women than among men, and that is consumption. The causes of this difference are thus set forth by Mr. Farr:—'The higher mortality of English women by consumption may be ascribed partly to the in-door life which they lead, and partly to the compression, preventing the expansion of the chest, by costume. In both ways they are deprived of free draughts of vital air, and the altered blood deposits tuberculous matter with a fatal, unnatural facility. *Thirty-one thousand and ninety* English women died in one year of this incurable malady.' Both of the causes of death among English women here specified by Mr. Farr act with additional and alarming power on American women, who go out much less than the English, and with whom the absurdity of fashion has more despotic sway among all classes, rich and poor, mistress and maid, white and black. The following exhortation of Mr. Farr ought therefore to command as much attention on this side of the Atlantic as he wished it to have among his own countrywomen. 'Will not this impressive fact induce persons of rank and influence to set their countrymen right in the article of dress, and lead them to abandon a practice which disfigures the body, strangles the chest, produces nervous or other disorders, and has an unquestionable tendency to implant an incurable hectic malady in the frame? Girls have no more need of artificial bones and bandages than boys.' But, if females are greater sufferers from phthisis, and indeed from diseases of the organs of respiration in general, they are less liable to the fatal fevers of warm climates. In the West Indies, in civil life, a woman is esteemed twice as good a liver as a man—arising probably from her temperate habits and different degrees of exposure to the night air. In barracks, the same difference of liability is observed between the sexes; 'but during the war,' says Dr. John Hunter, 'when the wives of the common soldiers were exposed with their husbands, they suffered in the same proportion.' We believe that this remark is applicable to the wives of those soldiers of the Cross, the devoted missionaries in Asia and Africa. The following table is the nearest approximation to the relative liability of women in civil life, which we possess; it indicates the proportions which occurred in the epidemic at Gibraltar, in 1828, among the inhabitants:[*]—

Men,	684
Women,	286
Children,	200

It has been observed on the continent of Europe that the mortality among women in the country during the child-bearing period is often greater than in the towns. This is attributed by some to the severity of the out-door and other labors to which they are subjected, at the very time when their health requires great care. In Geneva, M. Marc d'Espine tells us that the mortality is less in the city and greater in the country among women than among men.[†] M. Mallet, in his elaborate statistical inquiries into the population of Geneva,[‡] says that at the age of twenty-one years, the equilibrium between the two sexes on the score of mortality is re-established; but the probability of life at this time is greater for the female than in the male, in being as 37.81 to 35.91. At fifty years of age there remains of 100 born of each sex, 22.0675 men, and 23.1776 women; numbers which are in relation of 35.91 and 37.71; that is to say, almost identical with the figures representing the mean duration of life of the two sexes at the date or point of their equality. M. Quetelet introduces, in his work *On Man and the Development of his Faculties*, an elaborate table of the proportion of the deaths of either sex from the age of one month to that of 104 years. From this the following results may be deduced:—At birth the probable life is 25 years; in other words, at the age of 25 only one-half of the children born at the same time will be alive. The probable life of the female is greater than that of the male; the former being 27 in the country, and more than 28 in towns; the latter less than 24 in the country, and less than 21 in towns. In both sexes, and in all situations, the probable life is, according to M. Quetelet's observations, (made on the population of Belgium,) longest about the age of five; being 51 for women in towns and men in the country, and 48 for women in the country and men in towns. The farther we advance from this period, the shorter the probable life becomes. Thus, at the age of forty, it is 27 for men in the country and women in towns, and 25 for women in the country and men in towns. At sixty, it is from 12 to 13, and at eighty, only 4. The mean life in Belgium is 32.15 years. Considering sex and place of abode, it is as follows:—

	Towns.	*Country.*
Men,	29.24	31.97
Women,	33.28	32.95

Physicians are very often asked questions respecting diet and regimen, to which it is occasionally found a little difficult to furnish an appropriate reply; in such cases the study of Dr. BELL's book may be very wisely recommended to the catechist. The work is for sale in this city by King & Co., 199 Broadway.

The Naturalist's Library: containing Scientific and Popular Descriptions of Man, Quadrupeds, Birds, Fishes, Reptiles, and Insects. Edited by A. A. GOULD, A. M. With Four Hundred Engravings. New York: C. Wells. 1842. 8vo. pp. 880.

This really beautiful volume is, we think, well fitted to supply a desideratum which we have often regretted. A systematic popular treatise on the natural history of the animal creation, combining pleasing and universally intelligible description with scientific accuracy, was much needed, and we are not acquainted with any work which so fully meets the exigency as does the attractive book before us. The general arrangement of the work is in accordance with the classification of Stark, which is based upon that of Cuvier, and the details, so far as we have been able to examine them, are accurate, and presented in a very agreeable manner. The illustrative engravings are executed with great spirit, and unlike those which ornament the pages of most of the popular treatises on zoology, do actually convey correct ideas of the objects they are intended to represent. The whole 'getting-up' of the work is in the highest degree creditable to the spirited publisher, and from the attractive nature of its contents, and the moderate price at which it is offered, the book must, as a matter of course, meet a most extensive sale. To those of our readers who may not be able to devote the necessary time to the study of purely scientific works on natural history, we can confidently commend this volume, as one calculated to afford to them much agreeable entertainment and profitable information.

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[*] British and Foreign Medical Review, Vol. 3, p. 47.

[†] Medical Statistics, consisting of estimates relating to the population of Philadelphia.—*Amer. Jour. Med. Sciences.* Nov. 1831.

[‡] British and Foreign Medical Review, *ut supra.*

[*] Dr. R. Williams—Elements of Medicine, vol. ii., p. 456.

[†] Ann. d'Hyg. &c. t. xxiii, p. 14.

[‡] Ann. d'Hyg. &c. t. xvii.

Hydratics: or Manual of the Water Cure. Compiled and translated from the Writings of Munde, Hirschell, &c., by Francis Græter. New York: Published by William Radde. 1842. 12mo. pp. 198.

The efficiency and value of cold as a therapeutic agent, applied by means of water at a temperature below that of the atmosphere, or in the state of ice, is sufficiently established, and we think we may safely add, that its employment might be advantageously resorted to with much greater frequency than at present by the majority of practitioners. We do not choose just now to enter into any disquisition on the action of cold on the tissues to which it is thus applied, neither have we space to explain our views respecting the circumstances in which it may most beneficially be employed. We merely make this cursory allusion to the subject, with the view of directing towards it the more particular attention of our readers.

The work whose title we have just transcribed, embodies the absurdities of those German physicians who have represented water as a grand panacea, which should supersede the use of every description of medical treatment. We are accordingly informed here, that cold water 'drank in abundance' and externally applied, will infallibly cure diarrhœa, cholera, piles, lock-jaw, tic douloureux, gout, consumption, syphilis, and so on to the end of the melancholy chapter of 'ills that flesh is heir to.' We have heard of a popular recipe for the cure of tooth-ache, which we recomend to the translator for insertion in his second edition—take a mouth-full of cold water, and remain seated on a hot stove till the water comes to the boiling point.

Strictures on the Report of the Physicians in attendance in the case of the late W. H. Harrison, President of the United States. By J. A. Gallup, of Woodstock. Published in the 'Vermont Mercury,' March 4, 1842.

The writer of these 'Strictures' was induced to publish them in order to 'get rid of a burden, which has for some time oppressed' him; 'every throb of his heart,' he pathetically exclaims, 'is strictly professional, and he will even tread *self* under his feet when in pursuit of correct principles in medicine.' In the full glow of this noble and disinterested spirit, and in 'his own proper name,' 'J. A. Gallup' proceeds to 'relieve himself of the oppressive feelings' awakened in his breast by the report of the medical attendants of our late President. Thus does he eloquently unburden his grief:—

> 'But what shall we say of the medical treatment in this case? Surely, nothing that we can now say, will benefit the unfortunate patient, the loss of one which has caused a nation to mourn. Yet there are many more illustrious men liable to be sick like him, and suffer like him, if the treatment should be approved, and in any manner serve as a precedent. Indeed, the life of a peasant is as precious to him, as to the most illustrious. Whilst we may appear to be severe, we are bound to be sincere and explicit, on this intense subject. Indeed, many worthy men have already died since our president. If through fear, favor, or courtesy to any one we should dissemble, and swerve from what we think to be truth, we might justly merit the wrath of Heaven.'

The writer of the 'Strictures,' after proceeding in this strain for a couple of columns, tell us, amongst many other curious things, that 'from much observation, and for a long time, he is fully convinced that opium is the most improper article of all the materia medica in any of the stages of pneumonia, unless it may be some deleterious drug that may destroy life in a few hours'—that 'every preparation of mercury is injurious in pneumonia'—and that 'the system of the patient should have been suitably prepared by active purgatives before practising the bleeding.' Our readers being now enabled to judge of the rhetorical powers and scientific attainments of the author of these 'Strictures,' we will

> 'No longer seek his merits to disclose!'

Clinical Lectures. By Robert J. Graves, M. D., M. R. I. A., Professor of the Institutes of Medicine in the School of Physic, Trinity College, Dublin, etc., etc. Second American Edition, with Notes and a Series of Lectures, by W. W. Gerhard, M. D., Lecturer on Clinical Medicine to the University of Philadelphia, etc., etc. Philadelphia: Ed. Barrington and Geo. D. Haswell. 1842. 8vo. pp. 560.

We need no more intelligible indication of the progress of medical science in our day, than that afforded by the universal acknowledgment of the value of clinical instruction, and the increasing anxiety which is evinced in so many quarters, with respect to its most efficient communication. A mere speculative philosophy in medicine, is rapidly giving place to the results of patient inquiry and accurate observation, and bewildering and unprofitable theories are gradually disappearing before the light of practical experience.

Amongst the great clinical schools of the Old World, that of Dublin now occupies a very distinguished position. Such men as Stokes, Harrison, Graves, Carmichael, Corrigan, and many others whom we could name, have most honorably raised to a high elevation, the scientific character of the ancient capital of the 'green isle,' and have rendered contributions to the cause of science and of suffering humanity, which cannot be too highly estimated. We do not know any 'clinical lectures' which are more deservedly popular than those of Dr. Graves. The plain and agreeable style of these discourses,—the graphic descriptions,—the sound pathological views—and the sober and rational conclusions, which they present, render them at once the most attractive and most profitable subjects of attentive study. In the narrative of the numerous cases which furnished the subjects of clinical remark, every thing like tedious detail is avoided, whilst all the striking points of interest are presented with the greatest fidelity and effect; and the treatment is described with equal clearness. In the expression of his opinions, Dr. Graves is very energetic, but uniformly calm and dignified.

In the volume before us, a series of clinical lectures by Dr. Gerhard is given, and forms a most appropriate and acceptable addition to those of Dr. Graves. Between these two distinguished physicians we can trace many points of resemblance. We find in both the same professional zeal,—the same powers of close and correct observation,—the same discriminating tact,—the same disregard of idle theory,—and the same decision in the application of right principles. No student or practitioner should be without this volume. It is in itself a library of practical medicine. The publishers—it is by no means unimportant to add—offer the book on very moderate terms, and have discharged their duty in their usual creditable manner.

Extracts from a Lecture on Insanity. By C. B. Coventry, M. D. Utica.

In our last number, we gave an interesting extract on the 'Causes of Insanity,' from Dr. Woodward's able report, and we will take an early opportunity of again referring to the same valuable document. The Lecture of Dr. Coventry was delivered before the 'Young Men's Association' of Utica, and presents a comprehensive view of the workings of the improved systems adopted in the treatment of the insane, which he very forcibly contrasts with those formerly universally followed. Dr. C. also gives some historical details relative to the foundation of the splendid State Asylum now in course of erection at Utica. We are unable to afford space to several of these 'extracts,' which we would otherwise gladly have transferred to our columns; we are happy, however, to have an opportunity of expressing our unaffected approbation of Dr. Coventry's labors in the important cause, to which, we can easily see, he is so faithfully devoted.

Annual Announcement of the Medical Department of Transylvania University. For the Session 1841–2.

This document, which has just reached us, furnishes very satisfactory evidence of the flourishing condition of the great medical school of the West. During the past session, two hundred and seventy-one students were in attendance, and fifty-one gentlemen received the degree of Doctor of Medicine. A surgical *Clinique* was opened, and we are informed that the following operations were performed:—Three for lithotomy, six for cataract, one for tying up the primitive carotid, one for necrosis, one for fistula in ano, one for strabismus, and one for tumor.

We cheerfully give place to the following refutation of an unfounded slander against this respectable institution, which we find appended to the circular:—

'Various publications having been made, touching a difficulty that occurred last winter between a Professor and a pupil, calculated to make the impression that the Medical Faculty was in a state of incipient disorganization, and likely to experience an actual disruption: it is due to the institution and to ourselves to affirm, as we now do, most explicitly, that the reports referred to are destitute of foundation—that the prospects of the school are shown to be highly flattering by the catalogue recently issued, and which might of itself be a sufficient refutation of the slander; and that there is no prospect, so far as we are aware of, that any event is likely to affect the organization of the school, or to interfere with its future successful operation.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, April 2, 1842.

New York Deaf and Dumb Institution.

We greatly rejoice in observing the evidence afforded by the last Report of the Directors of the New York Deaf and Dumb Asylum, of the continued prosperity and usefulness of the invaluable Institution whose history during the past year it so fully details. The Asylum contains about one hundred and seventy inmates, and it is gratifying to find that no death has occurred since the publication of the previous report, and that the health of the little community has been good. The Directors very justly refer in grateful terms to the manner in which our friend, Dr. Alfred C. Post, rendered his gratuitous services to the Institution in operating on several cases of strabismus. Dr. Hawes, an accomplished dentist of this city, is also alluded to in a highly complimentary manner.

During the year several improvements have been introduced in the management of the Asylum. A Gymnasium has been erected, and being conducted with great propriety, has proved very beneficial to the pupils. A change has also been made, from double to single beds in the male and female dormitories, which removes an objectionable feature in the arrangements for the personal accommodation of the pupils, that to us always appeared rather more important than the Directors seemed disposed to regard it. Some attempt is made in the present report to collect statistical data for the purpose of throwing light on the many interesting questions connected with the melancholy affliction of the deaf and dumb of this country. But it is very obvious that all details of this description must necessarily be extremely imperfect and fallacious. The fluctuating character of the population of the States, and the careless and grossly inaccurate manner in which the various censuses have been taken, must render all efforts to obtain such statistics exceedingly futile. On one point, however, the conclusion is by no means doubtful, and that is, that the average duration of life amongst the uneducated deaf mutes is less than amongst their more favored fellow-beings. This conclusion is not surprising, when we reflect that uneducated mutes are, in too many cases, for want of higher sources of gratification, tempted into sensual indulgences, which have a direct tendency to shorten life; that their passions are too little under control, and every one knows the deleterious influence of certain passions on the health; and finally, that when grown up, they, in too many cases, are looked on as a nuisance or a burthen; and the great number of them remaining unmarried, they do not perhaps always experience the same care and kindness in sickness as those who have affectionate families around them. We are thus furnished with another incentive to continue and extend our labors for the benefit of this afflicted portion of our race; albeit, little was wanting to excite our sympathies for those to whom the mysterious dispensation of the all-wise Creator has given such claims for the exercise of our active and untiring benevolence.

Surgical Clinique of the Stuyvesant Institute School.

This *Clinique* has been re-opened. Dr. Pattison is to conduct it during the summer, and Dr. Mott takes the superintendence during the winter—each will thus be enabled to do what is right in his own eyes, having none to make him afraid, no one of whom to be jealous, and nobody with whom to quarrel. We are sorry, however, that Dr. Pattison will not have the management of the *Clinique* when the students are in town, as he is certainly the most fluent and intelligible speaker, and it is a pity that he should waste his scientific sweetness on the close, sepulchral air of the deserted amphitheatre. However, we suppose the gentlemen best know how to conduct their affairs with discretion, and we are too much rejoiced in finding that they have regained their senses, are disposed to take our affectionate advice, and having buried all petty animosities, are willing to contribute their share towards the advancement of medical science, to find fault with any private arrangements which it may please them to adopt.

Dr. Pattison made a rather lengthy and very energetic speech to the score of students who attended the *Clinique* on Saturday, and in the name of the Faculty of which he is a member, alluded in the most respectful and friendly terms to the College of Physicians and Surgeons. This token of the improved vision of the gentlemen of the Stuyvesant School is too remarkable to be allowed to pass unnoticed. A few months ago, Dr. Pattison and his colleagues were altogether unable to see the College in Crosby street—they had a faint idea of its probable existence, but in their opinion there was a very considerable degree of doubt as to that fact. Now, however, their eyes are opened, and of course they make their respectful obeisance to their newly-discovered neighbor. They have also learned that there are a few thriving schools of medicine 'in these United States,' as Dr. Pattison hath it, which do not appear to dread annihilation from the phenomena of the Stuyvesant,—that even in this age of the world, degenerate as it is, there are still many who esteem good deeds more highly than fine words,—and that the great mass of the profession, far from being willing to be 'as tenderly led by the nose as asses are,' can estimate high-sounding announcements, and bronzed pretension, exactly at their proper value. We have lent our humble assistance in bringing this Faculty to a knowledge of these wholesome truths, and we sincerely trust that they will not suffer them to slip from their minds, but that they will now persevere with modesty and firmness in the honorable course which Dr. Pattison so eloquently described; and if they do really thus devote their energies to the advancement of medical science, and the improvement of medical education, they may in confidence rely on our cordial co-operation, and the approbation of all right-hearted men.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School.

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, March 28.

This *Clinique* was, as usual, attended by a crowd of students and several practitioners.

Two persons on whom Dr. Parker had operated for strabismus a few weeks since, now presented themselves, each affected with a fungous excrescence situated in the inner canthus of the eye operated on. Dr. Parker remarked that this was occasionally a result of the slight inflammation following the operation. This fungous growth might be removed either by the knife or caustic. The former mode he thought most advisable, and accordingly snipped off the little excrescences.

Several interesting cases of disease of the nervous system occurring during dentition were introduced, and formed the subject of practical remark. Two or three cases of spinal curvature were also presented, but they did not furnish any ground for extended notice in this place.

A female affected with chronic eczema of the hand was introduced, and Dr. Bulkley took occasion to call the attention of the students to the obstinate character of this disease, and remarked that it was one of those cutaneous affections popularly termed 'salt rheum.' The treatment was to be conducted on general principles. Several cases of syphilitic eruptions were presented. Dr. Bulkley pointed out the unhealthy aspect of the countenances of these patients, and the characteristic iritis of which two of them presented marked examples. In the first of these cases the eruption was of the tubercular character. The students were reminded that partial suppuration was one of the usual modes of termination of this form of cutaneous disease. Sometimes deep ulcers were formed, covered by thick crusts, under which ulceration goes on, giving rise to what was incorrectly termed by some writers 'secondary rupia.' Another of the cases furnished a specimen of the papular form of the eruption. This, it was remarked, was much more acute in its character than the former, and does not deteriorate the system to so great an extent. The eruption makes its appearance simultaneously on all parts of the surface of the body, after an interval of eight, ten, twelve, or sixteen weeks from the manifestation of the primary disease. Iritis was most commonly associated with this form of secondary syphilis.

A case of anastomosing aneurism in an infant was operated on by Prof. Parker, by means of red-hot needles, which were repeatedly passed through the tumor in all directions. A case of sub-clavian aneurism was also exhited to the students, who were allowed an opportunity of examining it.

Prof. Gilman, at the close of the proceedings, announced that students who wished to be supplied with obstetric cases, could have them by furnishing him with their names and addresses. This very liberal intimation was received with applause.

Surgical Clinique of the Stuyvesant Institute Medical School.

UNDER THE MANAGEMENT OF

Professor Pattison.

Saturday, March 26.

This *Clinique* was very poorly attended.

The first case presented was that of a middle-aged man, who had fallen from a height a year or two ago, and had been ever since deprived of the free use of his right arm. A sort of crepitus is now heard on motion of the elbow-joint. Dr. Pattison was of opinion that a comminuted fracture had occurred at the time of the accident, which had not been discovered by the surgeon who, it was stated, had made a very careless examination of the patient. Cold affusion and friction were recommended.

A little girl whose left arm was permanently flexed from contraction of the integuments, produced by cicatrization after an extensive burn, was next introduced. Necrosis of the olecranon had also taken place, and until it had terminated the Professor stated he would defer the rhino-plastic operation, by which he proposed to relieve the unpleasant deformity which now existed.

A child affected with paralysis of one of its limbs, which occurred during dentition, was next presented. Some interesting remarks were offered on this case, and counter-irritation on the lower portion of the spine recommended.

A case of terrible deformity from disease of the vertebral column was introduced, and elicited several practical remarks.

An interesting case of adhesion of the iris to the crystalline capsule, the result of severe inflammation, was next presented. The vitreous humor had also become entirely altered in its character, and was converted into a thin fluid.

A child affected with rigidity of the muscles of the neck, which had suddenly occurred during sleep, was the last case. Prof. Pattison regarded the affection as the result of some derangement of the chylo-poietic viscera, very probably from the irritation produced by worms. The oleum terebinthinæ and active purgation were ordered.

Dr. Pattison announced that he intended to arrange the cases into classes, and make each the subject of a more formal and elaborate clinical lecture than could possibly be given in the presence of the patients, and as they presented themselves.

Successful Extirpation of a Tumor from the Sub-maxillary Region.

BY DR. ROBERT NELSON, OF NEW YORK.

Communicated by Dr. H. Green.

Miss P., aged about twenty-five, has been troubled since the age of recollection with an enlargement in the supra-hyoid region, and for which she has been almost continually subject to medical treatment until a few years past. Various topical discutients, leeching, cupping, rubifacients, and blistering, were more or less persevered in for years; and, internally, she submitted to courses of such alteratives as grew into favor or fashion during the space of so many years; and on one occasion she remained seven months in an hospital, in Ireland, under active treatment.

These last few years she has done little for it, nor does she find that she has lost much by abandoning all forms of medication, for, though the tumor has steadily progressed in size, it has not done so more rapidly than when under the most hopeful treatment.

At present the tumor fills the whole sub-maxillary, or supra-hyoid region of the right side, sweeping round from behind the right angle of the jaw posteriorly, to the left side anteriorly as far as opposite to the canine tooth. The anterior portion is covered by both right and left anterior digastrici, between which it is more protuberant, which gives it the appearance of a double tumor. As it has been of slow growth, the anterior digastrici have grown with it, so that they do not press it much into the mouth. It covers the larynx, and adheres to it, following its motions in deglutition. Moving backward a finger in the fauces easily discovers that it encroaches on the pharynx. For more than a year past she feels, at short intervals in the day, a smart darting pain; but this symptom must be due to an occasional pressure of the tumor (in certain motions of the head) on the mylo-hyoid twig of the inferior dental, or perhaps of some twigs of the superior cervical plexus, and not to malignant disease, for it shows no appearance of that character, and if it is due to an unlargement of the sub-maxillary gland, it is well known that that organ is rarely, if ever, *primarily* the seat of scirrhus.

As the tumor interferes with deglutition, and in a slight degree with respiration, and imparts a guttural tone to her voice; and as it has withstood all sorts of medication, and doubtless will continue to grow, each ensuing day making the prospect of a successful operation more dubious, and which is already surrounded with sufficient difficulties; and last, but not least in the estimation of an otherwise healthy girl, it stands in the way of a matrimonial engagement. For all these reasons she wishes to have it extirpated.

The operation was performed by Dr. Robert Nelson, March 19th; Dr. H. Green, and Dr. Ticknor, of the Navy, being present. The patient's face being turned to the left side, and the head inclined to that shoulder, brought the lobe of the right ear opposite the posterior and larger part of the tumor. A circular incision, commencing here and terminating not far from under the chin, with its convexity downwards, gave a flap of sufficient extent for all future steps in the operation, and when healed, will leave a linear cicatrix hid in one of the cervical creases—a better mode than the barbarous crucial cut. It was carried down to the tumor, in hopes of finding a capsule, but the tumor had none, the cellular substance gradually growing denser until it ended firmly in the parietes of the sac. The flap was raised by following the surface of the tumor posteriorly, and that of the digastrici anteriorly. It was soon clearly seen that if the integrity of the tumor was preserved, much difficulty would be experienced in detaching its guttural adhesions; it was consequently opened and its contents let out, which consisted of several ounces of gruel-like fluid, neither purulent nor scrofulous. By the collapse which followed, space was gained, and the sac carefully followed anteriorly, between the anterior digastrici and the genoi-hyoidei of both sides, dissected from the body of the os hyoides laterally, and part of the thyroid cartilage, more backward, from the pharynx. When all was removed, the finger could be passed round in front far to the left side, between the digastrici and genio-hyoidei; and posteriorly, one finger in the wound and another in the mouth, behind the pillars of the palate, and in the pharynx, could feel only a thin membrane between them.

The facial artery and vein were necessarily divided, and the former secured, besides many twigs in the bottom of the wound, for which torsion sufficed. The hypoglossal and gustatory were studiously observed and avoided, and their integrity proved by the continuance of those functions which are connected with these cords. In following the external surface of the tumor, the sub-maxillary gland was raised with the flap, and though it was sound, being only a little flattened and spread out by the pressure of the tumor, it was also removed before closing the wound, because the duct was annihilated, and itself of no use. Three stitches sufficed to close the wound, with the aid of a few slips of adhesive plaster, the whole supported by compress and bandage.

She bore the operation without stirring or complaining, and it was soon over. She was enjoined repose, not only of the body, but of the part particularly, and for this purpose not to speak—a greater suffering to her than the operation. More than a week has now elapsed since the operation, the parts are healing rapidly, and the cure will be completed in a few days.

Hepatic Congestion. --- Diagnosis. --- Treatment.

FROM DR. C J. B. WILLIAMS' CLINICAL LECTURES.

The next cases to which I would direct your attention are those of Mary Hennen, æt. 20, and Mary Hill, æt. 37; both cases of disordered digestion, with congestion of the liver. Referring you to the books for a very full report of their cases, I may remind you that the former was admitted October 26th, complaining of pain in the epigastrium not increased by pressure, and frequent vomiting, so that she could retain no food on her stomach. No heat of skin; tongue slightly furred, with red spots. These symptoms were at once relieved by a blister to the epigastrium, and a draught with hydrocyanic acid and carbonate of soda. Blue pill at night, and castor oil in the morning, were also given.

Nov. 1st, was nearly well; but on the 2d complained of more pain in the right hypochondrium. The dull stroke sound of this region extended not lower, but higher, than usual; to the breast in front, and nearly to the lower edge of the scapula behind. Was this dullness from enlarged liver, or from effusion in the right pleura? We found that the breath sound was heard pretty low down into the dull region, without rhonchus, and was here sharper than usual; but without bronchial breath or voice sound above. On trying degrees of percussion in the manner I have often recommended to you, we readily solved the question: gentle percussion gave a more hollow sound than strong percussion; showing that the lung, the seat of the breath sound, was superficial; and the denser body giving the duller sound on strong percussion, was deeper seated, and must therefore be the liver. This organ was, therefore, enlarged; and the absence of the active symptoms of hepatitis left to us the conclusion that the enlargement was congestive; a species of swelling to which the venous constitution of the liver renders it especially liable. As causing this congestion, we might refer to a cold, with headache, drowsiness, &c., caught about three weeks before admission; but we must also take into account the fact, that this girl, although not deficient in blood, had not menstruated for five months. We had assured ourselves, by the pallid nipples and the absence of tumor or uterine murmur in the abdomen, that pregnancy was not the cause of the amenorrhœa.

The treatment employed to remove the congestion of the liver, was by means calculated to increase its secretion, repeated doses of calomel and blue pill, with a little antimonial powder, a daily dose of castor oil, and a blister to the side. Under these means the pain in the side soon left her; and on the 9th the dullness of the right side was nearly gone. She was given compound decoction of aloes twice a day to keep open the bowels, and to promote the return of the catamenia. She will be liable to a return of her disorder until the periodic relief is restored; but as that is not more likely to take place in the hospital than out of it, she was discharged apparently well.

The other patient, Mary Hill, had long been subject to bilious attacks, with sickness, costiveness, and pain in right side. The present attack began six weeks before her admission (Nov. 6th) with severe pain in the abdomen, and vomiting, for which she was treated by leeching, mustard poultices, aperients, &c., which relieved the pain in the abdomen, but left pain and tenderness in the right hypochondrium and scapula, sickness, and headache. There was dullness in the lower part of the right chest, chiefly at the side and back. Tongue clean; thirst; pulse natural; bowels not open three days.

CC. Hypochon: dextro ad ʒviij.
℞ Hydrarg: Chlorid: Pulv: Antimonialis, āā. gr. ij.
Pil: Hydrarg: Extr: Conii, āā. gr. iij.
Fiant pilulæ ij. bis die sumendæ.

℞ Sodæ Tart: ʒij. Sodæ Sesquicarb: ʒss.
Aquæ Menthæ, Aq: Font: āā. ʒi.
Fiat haustus bis die sumendus.

These medicines were continued three days, and with aid of senna draught opened the bowels freely, and relieved the symptoms except the pain in the right side. On the 13th, the catamenia appeared; all medicines were suspended until the 16th, when the pain and dullness were almost gone, and left entirely after an aperient. She was discharged well on the 19th.

This case illustrates the influence of the natural periodic discharge in assisting to dissipate congestion of the liver; and I would remind you, that this natural means of relief is, in slight cases, for many reasons, better than the continued use of medicine.

Remarks on the Uterine Supporter.

BY WILLIAM HARRIS, M. D., OF PHILADELPHIA.

[We cheerfully afford a portion of our space to the following remarks by Dr. HARRIS, on the merits of Mrs. Betts' 'Uterine Supporter.' In these remarks we entirely concur, and very cordially unite with many of the most distinguished members of the profession, in recommending Mrs. Betts' invention as eminently worthy of being used in all cases requiring its employment.—ED. L.]

With whom the idea of an external uterine supporter originated is uncertain; I apprehend, however, that the honor is due to the late Dr. Dewees, whose labors have contributed so much to enlarge the boundaries of obstetrical science, and to adorn the history of the earliest and most celebrated medical institution of our country, that he well deserves the appellation of the *Father of American Obstetrics.*

While attending one of his lectures, in the University of Pennsylvania, upon prolapsus uteri, I heard him remark that the pessary occasioned, in some females, so much uterine and vaginal irritation, and consequent leucorrhœa, that they were obliged to discontinue the use of it, and that he hoped an instrument would some day be invented that would restore the displaced organ, by making external pressure upon the abdomen and perineum. This remark, perhaps through some medical students, reached the ear of Dr. Hull of New York, and induced him to bring forward the first uterine supporter that ever was presented to the public. Subsequently a great variety of supporters were invented, by different persons, in various parts of the United States, the best of which by a Mrs. Betts, a well educated and accomplished lady, a native of London, now residing in the city of Philadelphia. She invented the apparatus for her own case, which, under the care of Professor Jackson, was conducted to such a successful issue that she was induced afterwards to offer the instrument to the medical profession. In the last three years, I have tried her supporter in my own practice, and in consultation, on upwards of fifty females, with great success, in some producing radical cures, and in others great comfort, so that I feel constrained to give it my cordial recommendation.

The time required to perform a radical cure by the supporter, varies from three to eighteen months, in most cases one year.

A lady of this city, thirty-eight years of age, afflicted with procidentia uteri, consulted me in her case about three years since. She remarked that she had worn pessaries of various kinds for a length of time, all of which produced great irritation and leucorrhœa, and that she ascribed to this cause an abortion that she had had a few weeks before. She said this misfortune had caused her deep sorrow, having but one child, and that she was determined never again to submit to the introduction of a pessary. Besides the depression of her spirits, her general health was very feeble, and the only exercise she attempted to take was to walk down three or four steps, from her chamber to the dining room, to eat her meals.

I procured for her a uterine supporter, and after it was applied and properly adjusted, she felt so comfortable and strong, that, it being Sunday morning, she decided to walk with her husband to church, and, returning home but little fatigued, she went again in the afternoon. By the use of the supporter, chalybeates, and exercise in the open air, on foot, and in a carriage, she improved so rapidly that after one year, her health was established and her procidentia cured; and now she is able to attend to all her usual avocations without the encumbrance of a supporter. Nevertheless, as a prophylactic measure, when she expects to walk for three or four hours, shopping, or making morning calls, she puts it on. She is now one of the most healthy and efficient ladies in Philadelphia.

Another lady, about six weeks after her confinement, fell down stairs, by which a prolapsus uteri was produced. Being sent for immediately, I ordered her to bed, where she was confined three days, at the end of which time Mrs. Betts applied a supporter, which in three months effected a radical cure. A number of other cases, under my care, were radically cured, after a great variety of pessaries had been tried in vain, by the most skilful physicians.

For my success in the treatment of these cases I am much indebted to the assistance of the inventor of the apparatus. I now cause her to apply it to all my patients laboring under the complaint, unless objections are made, so that she can alter and adjust it to each female's particular shape. Without this precaution, the instrument will not give so comfortable a support to the patient, and a cure will not be so rapidly or effectually accomplished.

Again: the perineal pad, when first applied, sometimes produces great irritation of the skin and unpleasant heat in the soft parts; when this is the case, I cause the pad to be removed for a few days, and, instead of it, to have applied under the perineal strap a soft folded napkin; and this substitution of the napkin for the pad is always necessary during the menstrual period, or, what sometimes answers equally well, to roll the napkin around the pad to prevent it from being soiled. Females, indeed, that are very particular, wear a piece of old linen or muslin around the pad always, that it may be kept perfectly clean. Mrs. Betts's supporter has been introduced into practice in New York, and in various other parts of the United States, and the testimony in its favor, from all quarters, is unequivocal.

On the advantage of keeping the Umbilical Cord whole for some short time after Birth.

BY M. BAUDELOCQUE.

In all cases where the infant is born weakly or in a state of asphyxia, M. Baudelocque recommends not to cut the umbilical cord for some time at least after birth. He relates that since he has followed the opinions of Smellie, Levret, Chaussier, &c., on this subject, he has not lost a single case, although when born the child might be in a state of pretty complete asphyxia or apoplexy. He states that, though a child be born in an apoplectic or asphyxiated state, the circulation still continues through the umbilical vein, even though the umbilical arteries should have ceased to beat, and that premature section of the umbilical cord takes away one of the chief aids to its revival.—*Edinburgh Medical and Surgical Journal.*

Pseudo-Strangulations of Herniæ.

BY M. MALGAIGNE.

[M. Malgaigne has presented a very interesting paper on this subject to the Academie Royale des Sciences, of which the following is a short *resumé*.]

The writer first attacks earnestly the proposition laid down by Pott, 'that the operation for hernia is not dangerous in itself,' and which has exercised such a pernicious influence over modern principles. He says, 'In order to establish the true chances of the operation, I have collected all the operations of hernia which have been performed in Paris by myself and colleagues, during a space of five years and some months from 1836 to 1841. I have found that in one hundred and eighty-three operations there were one hundred and fourteen deaths; as to age, I have found that from fifty to eighty years there were seventy deaths in ninety-seven operations, that is, about three-fourths.'

As to the cause of hernia, 'authors state that *l'engouement* from accumulated fecal matter produces it. Is it true, then, that excrements do habitually accumulate in hernias of some standing? There is not, there cannot be hard substances, nor even fæcal matter except in large intestines; and hernias of the large intestines do not constitute a twentieth part of intestinal hernias. Thus, then, this *engouement* described in books cannot possibly exist in ninety-five cases out of one hundred; and even in hernias of the large intestine, never have I found a single case in which there was accumulation of fæcal matter. I go further, I have collected all the authors I have been able to procure, I have collected all the cases in which the cause of the disease has been made manifest, either by operation or autopsy, and have only met with one case in which there was really accumulation of fæcal matter in the intestine.'

'I have, like all other surgeons, paid a fatal tribute to this fatal doctrine; I operated in a case of pretended *engouement*—there was neither engouement, nor strangulation, and the patient died. You will find mistakes of the same kind committed by Percival, Pott, Dupuytren, and Astley Cooper. As to the *engouement* of authors, it is a creation of imagination, it is really a hernial peritonitis disguised, which is the accident most commonly supervening in cases of hernia.'

As to the means of discriminating between this inflammatory action, and real strangulation, he brings forward the following propositions:—

1st. In all old intestinal herniæ, which have never been restrained by a truss, or in which the truss has been disused for a long time, there is no real strangulation; the ring or rings being much larger than is required by the size of the pedicle of the hernia. This general fact results from the observations which I have made either on the living or the dead. I have found no exception.

2d. In the pure epiplocles of whatever size, it is most frequently either an adhesive or suppurative inflammation, which is mistaken for strangulation.

3d. Consequently in these two cases, when well marked, the operation is always irrational; and, besides taxis at the beginning or end of the inflammation, the treatment should be entirely antiphlogistic.—*Gazette Medicale.*

FROM THE LONDON MEDICAL GAZETTE.

Action of Hydrocyanic Acid, etc., on the Eye.

BY A. TURNBULL, M. D.

It is a well-known fact that the eyes of those who have been destroyed by hydrocyanic acid for a length of time after death shew none of the usual symptoms of dimness. On the contrary, the eye is clear, and the pupil much dilated. This satisfied me that the acid exerted a specific action upon the eye, which might be made available as a medical agent for relieving many of the diseases to which that organ is so subject.

My first experiment was undertaken in 1837, with the diluted acid, by dipping a sponge into it, and rubbing it upon the forehead for the space of a few minutes, which gave the skin a very red appearance; but the patient experienced not the least sense of heat, and the pupil was slightly dilated. I continued to use this with very beneficial effects in incipient cataract, opacities of the cornea, inflammation, amaurosis, iritis, &c. Of late I have substituted the vapor of the concentrated acid to the eye with much more decided effect, and without the slightest danger. The plan I generally adopt, is to put into an ounce-phial a drachm of the acid, and hold it in close contact with the eye, the eyelid being open, for the space of about half a minute, or until such time as the patient feels a little warmth, or the person holding the phial sees the pupil greatly dilated, and the vessels of the eye injected with blood, which is the invariable effect of the application of the acid. The patient is not sensible of pain from this peculiar state being induced, which appears to me to result from the powerfully sedative influence of the acid, thereby showing that two opposite powers—to wit, stimulating and sedative—are exerted at the same time; and thereby the uneasiness arising generally from a stimulant alone is prevented. Its great power in removing these diseases chiefly arises from the two powers being so blended, and thus enabling the eye to bear a sufficient stimulating action without injury. The person who holds the acid to the eye should be careful not to allow the patient to smell it.

The essential oil of bitter almonds I use for the same diseases. I put two drachms of water to two drachms of the oil, in an ounce-phial, and hold it in the same way to the eye as the acid; but its effects are not precisely alike. The feeling induced by the oil is soothing, and generally relieves all sense of pain, even of tic douloureux, without sensibly dilating the pupil, or causing much redness of the eye. I find it very useful in taking away the heat occasioned by the hydrocyanic acid.

The use of the Actual Cautery in Procidentia Uteri.

BY J. ADAIR LAWRIE, M. D.,

Surgeon, Glasgow Royal Infirmary.

[The following is an interesting case, showing the efficacy of this valuable remedy in procidentia uteri. Christian M'Lean, æt. 18, a servant; while carrying a heavy tub, felt something give way in the pelvis, and as if the vagina immediately afterwards was unusually distended. Some days after this. the uterus distended the vagina, and rapidly descended so as completely to prolapse. It could easily be returned by pressure, but again descended almost immediately. She derived no benefit from the free application of the nitrate of silver, astringent injections, pessaries, bandages, and the ordinary treatment. Strips of the mucous membrane of the vagina were dissected off from the lateral and posterior parts of the vagina, without any benefit.]

On the 2d of October, the uterus being returned, Weiss's three-pronged speculum was introduced and dilated, and the actual cautery freely applied to both lateral surfaces of the vagina, nearly as high as the uterus. The operation gave considerable pain, and was followed by œdema of the external parts, retention of urine, some pain of abdomen, and hysterical symptoms, which readily yielded to mild treatment. She was kept in the recumbent posture till the 13th of November, and in hospital till the 8th of December. On the latter date the following report was entered in the journal. 'Not the slightest tendency to renewal of the procidentia; she has no feeling of prolapsus. Uterus felt nearly in its natural position, with a circular contraction of the vagina a little below os uteri. The contraction firm, but quite elastic.'

July 18, 1841.—She returned to the hospital, and the following report was taken. 'Continued to do well till ten days ago, when, after having been employed for two days in the standing posture, used unwonted exertion, and afterwards taken a long walk, the prolapsus returned, and is gradually increasing; but the external tumor is not yet nearly as large as when she was first admitted.'

July 25th.—The actual cautery was applied in the same manner as formerly, and was followed by the same train of symptoms, which readily subsided under one bleeding, aperients, fomentations, &c. She was confined to the recumbent posture till the middle of April, when she was allowed to walk, with a T bandage, and a compress on the perinæum. On the 25th of that month she was dismissed cured. I have heard of her within these few days. She remains free from prolapsus, or any tendency towards it.

Remarks.—I am not aware that the actual cautery is in common use, in this country, as a cure for procidentia. The above case appears to me worthy of being recorded, as showing that it will succeed in extreme cases, after the failure of the more common operation with the knife. In future I should prefer the cautery, as being rapid and easy of application, and so far as two applications can prove, not followed by any bad consequences, and successful.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

ON THE INJURIES TO HEALTH

OCCASIONED BY

Breathing Impure Air in Close Apartments.

BY DR. ELMORE.

Notwithstanding the various inventions and improvements which distinguish the age we live in, it is lamentable to observe what little attention has been paid to the ventilation of apartments in which we are destined to pass the greater portion of our lives, and in which a constant and well-regulated supply of the element we breathe is so essential to mental enjoyment, as well as to the sustention and prolongation of life.

This inattention can only be accounted for either by the want of education in the major part of that class of persons who call themselves builders, and who content themselves with executing their work, and getting it off their hands with as little expense and loss of time as possible; or an apprehension, on the part of those who aspire to the more elevated designation of architects, that the introduction of anything new would expose them to the charge of a want of taste, or of that acquaintance with the style of the ancients to which it is the fashion so strictly to adhere, imitation being, in their opinions, more deserving of commendation than originality of design, or a desire to meet the improvements of the age; and fashion, of more importance than health. If they construct our doors and windows in so superior a manner as to exclude every possible particle of air, they flatter themselves with having attained an advantage to which the inhabitants of ancient Greece and Rome did not aspire; and when they arrive at the degree of perfection which will enable them to exclude this element altogether, they will, no doubt, be entitled to an increased meed of praise from medical practitioners, heirs-at-law, undertakers, &c. They should, however, recollect, in their apparent anxiety for imitation, that the ancient architects of warmer climates did not overlook the necessity of a free admission of air; and also, that a constant supply and free circulation of this element is necessary for sustaining life, as a given quantity for the combustion of the fuel we require to warm our apartments: our builders, nevertheless, only provide for the latter, as if the former, although the more important, was of minor consideration; or, that they conceived the chimney-draught sufficient for both purposes, when in reality it does not answer that for which it is principally intended; as by far the greater portion of the heat generated in our open fire-places is carried up the chimney, by sharp currents of air from occasional openings of doors, or such crevices as it may force its way through; being, moreover, frequently productive of serious bodily injuries, particularly to those of delicate frames; while it cannot be sufficient for the purposes of wholesome ventilation, this air being colder than that already in the room, is consequently of greater specific gravity, and must form a lower stratum, not unfrequently felt by those placed round the fire, suffering from an undue proportion of heat at one side and of cold at the other.

It should also be borne in mind, that the openings of our fire-places being seldom more than three or four feet from the floor, the upper stratum of air which we breathe is neither removed or purified by this under-current, and must, from being breathed over and over again, be productive of most prejudicial effects, and that the contamination of this atmosphere is considerably augmented at night by the combustion of lights. It has been ascertained that the quantity of air breathed by an ordinary-sized person is about two thousand cubic feet per hour; and that two mould candles consume as much of the oxygen of this air as a human being; and that the nitrogen and carbonic acid gas which remain are peculiarly inimical to animal life, and that when carried up by the currents occasioned by combustion and respiration, they form an upper stratum where they remain, and must be repeatedly inspired before they make their escape into the chimney, the only ventilating flue with which our houses are provided.

It should also be observed, that the heat thus generated is in proportion to the quantity of oxygen abstracted from the atmosphere, which enters into combination with the carburetted hydrogen of the flame of candles, coal-gas, oil, or other inflammable matter, from which light is produced. That every cubic foot of carburetted hydrogen consumed unites, on an average, with two cubic feet of oxygen (that portion of the atmosphere required to support animal life ;) and that the product of this combustion is about two and a half inches of water and one of carbonic acid gas, which, when inhaled in its pure state, proves instantly fatal ; and the greater the proportion we inhale, in addition to the vapors evolved from the lungs and skin, the more pernicious the effect.

Supposing, for example, that the perfect lighting of an ordinary-sized apartment requires fifteen cubic feet of carburetted hydrogen per hour, this would form about a pint and a half of water, and fifteen cubic feet of carbonic acid gas ; for whenever carburetted hydrogen gas is burned with oxygen, or atmospheric air, these are the products of the combustion, whether the carburetted hydrogen is obtained from wax, tallow, oil, or coal. If, therefore, this lighting continues in an unventilated apartment for seven hours one gallon of water is produced, the greater part of which will be deposited on the walls, windows, furniture, polished metal, or other cold surfaces, with which it comes in contact ; and to some articles of this nature it is known to prove highly prejudicial, in addition to the injury to health occasioned by an increased quantity of moisture, mixed with the air we breathe. As one of the principal functions performed by this air for the preservation of health, is to carry off with it a considerable quantity of vapor, in order to prevent its undue accumulation in the lungs, it is, therefore, evident, that after it has been already so loaded it cannot properly perform these functions, and that consumption and other complaints are thus frequently induced.

The prejudicial effects of carbonic acid gas (which is the same as the choke-damp of mines) as well as the nitrogen of the air, which is set free by the abstraction of the oxygen (and amounts in quantity to four times that of the oxygen,) are well known, and ought by all possible means to be provided against. This has been attended to within the last few years in our public hospitals, and the mortality in consequence considerably decreased; and likewise in several of our manufactories and public establishments, where the diseases generated by the number of persons congregated in such establishments have been proportionably diminished. In the House of Commons, also, where hundreds of members, with hundreds of candles burning at night, tended so much to vitiate the atmosphere, important improvements in lighting, as well as ventilation, have been recently made ; but in our domestic establishments little or no attention has been paid to this important subject, and the foundation of a variety of diseases must be the result, particularly from the foul air breathed at balls, or other crowded assemblies.

The confinement of air in our churches and places of public worship must also be highly prejudicial, as we are frequently exposed to the atmosphere, on entering one of these edifices in the summer months, ten or fifteen degrees below that of the external air, independent of the stagnant state in which it has been allowed to remain during a whole week, often vitiated, in a greater degree, by the gaseous matter evolved from human remains ; and even in private houses much inconvenience is experienced from the stagnant state of the atmosphere in close and gloomy weather, as the entire basis of circulation depends on the possibility of producing a constant circulation as well as supply of this element. Close stoves are also objectionable when made of iron, and heated to a certain temperature, as oxide of iron is produced by the powerful attraction of that metal for oxygen, and the formation of ammoniacal gas by the mixture of the nitrogen which remains, with hydrogen, acting on our bodies and olfactory nerves.

But if stoves were constructed of masonry throughout, as in many other countries, or of fire-tiles, or porcelain plates, imbedded in mortar, with well-regulated flues, they would be far preferable to open fire-places ; this substitution of imperfect conductors of heat being not only consistent with the soundest principles of economy in the preservation of heat, and its more uniform distribution through apartments, but more conducive to health than bringing the air in contact with iron stoves or pikes. Our desire, however, for polished metals in almost every department of our domestic appendages, united to the interests of the furnishing ironmongers, to whom these matters are usually left, must operate, in no small degree, in determining the prevailing taste for this commodity. Porcelain stoves may, nevertheless, be made sufficiently ornamental for those who prefer health to fashion ; and when apartments are provided with well-regulated apertures and flues through their ceilings into the adjoining chimneys, to carry off the air vitiated by respiration and combustion, a sufficient degree of heat may be obtained with a sufficient supply of that element, without which it is impossible to maintain health.

The healthy appearance of those who pass the greater part of their time in the open air, sufficiently indicate its advantages. Armies are also well known to have greater numbers on the sick list when well-housed, and what is considered comfortably settled in quarters, than when exposed in a campaign to the vicissitudes of the season for weeks and months, without any other covering than the canopy of heaven, or occasionally of a tent or hut, or the shade of a tree. These facts ought to satisfy us that we should admit the air as freely as possibly, and provide, at the same time, for its escape through the ceilings of our apartments at all seasons of the year, as the temporary and often imaginary inconvenience of a little cold, when compared with the decided disadvantages of breathing impure air, is by far the lesser evil.

Where ventilation in large establishments or public buildings can only be obtained by artificial means, it is produced by pumping air in, or drawing it out, by a fan worked by steam, or other adequate power, and affording it the means of free circulation, either cooled, heated, or in its natural state, through well-regulated apertures in the floors, walls, or ceilings ; and in coal-mines by flues or shafts, in which constant currents of air are maintained by the combustion of fuel or coal-gas. This system might also be easily introduced into houses already built by means of the existing chimneys, but with still greater facility, if our architects and builders were to direct their attention to these points when erecting new ones.

The importance of this subject has been frequently pointed out by scientific men of considerable eminence, without attracting that attention which would have been the means of preventing many persons from being imperceptibly hurried to an untimely end. It is, therefore, to be hoped that the powerful engine of the press will continue to lend its aid in exposing these evils, until it impresses upon the public mind, and more particularly upon our architects and builders, the urgent necessity of providing against them. Is it not possible to make the heat produced in the lighting of apartments available for their perfect ventilation ? If any of these gentlemen succeed in so doing, they will be entitled to greater gratitude, for this achievement in the purification of an element so essential to the preservation of our lives, than any claimed by those heroes whose victories have contributed so much to the miseries of the human race, and the destruction of the human species. But we ought not, perhaps, to be so much surprised at the slow march of intellect in this respect, when we find so many centuries to have elapsed before it was so generally admitted, as at present, that pure water, another element bountifully supplied by nature, is preferable to any other beverage for insuring the health and happiness of mankind ; and where we have so many temperance societies, and other advocates, for impressing upon the minds of our fellow-subjects the necessity of becoming converts to the imbibing of this element, in its pure state, ought we not with still greater reason to endeavor to make a similar impression as to the advantages of inhaling, with equal purity, the lighter fluid, of which we stand so much more in need, and which we so much more frequently require?—*London Lancet.*

TO THE EDITOR OF THE LANCET.

Sir:—

The Comitia Minora of the Medical Society of this City and County, at a meeting held last week, passed a resolution of so much interest to the profession, and especially to those who are in the habit of having students under their care, that you would doubtless perform a very acceptable service by giving it a place in your columns.

Yours, &c.,

A. D. Bulkley,

Rec. Sec. Co. Med. Soc.

Houston street, March 30.

Annexed is the resolution referred to:—

Whereas, The 8th and 9th Section, of Title VII. Chapter XIV. of the Revised Statutes, requires that every student of medicine, in order to entitle him to an examination for license, shall have studied a certain time with a physician or surgeon *duly authorised by law to practice his profession;* and, whereas, the 1st, 2d, and 10th Sections of Title VII. Chapter XIV. requires that every physician or surgeon shall become a member of the Medical Society of the County in which he resides, or his license shall be deemed forfeited, and he shall be subject to all the provisions and penalties of the laws of this State in relation to unlicensed physicians;

Therefore, *Resolved,* That the Comitia Minora of the Medical Society of the City and County of New York cannot, without violation of the law, receive the certificate specifying the time of study of any one applying for examination for license, unless his preceptor signing such certificate, shall be a member of this Society, or an authenticated member of some Medical Society in this State, established according to law.

Singular Case of Abortion.

TO THE EDITOR OF THE LANCET.

Sir:—

Observing in the *Lancet* of last week that Dr. Gilman had exhibited to his students an embryo presenting variolus pustules, discharged from a mother laboring under small-pox, I beg leave to acquaint you with a case in my practice, illustrative of the protective powers of vaccination.

Mary M., a healthy young woman, lost her husband, who died of small-pox when she was six months enciente with her first child. She had been vaccinated in infancy in England, and three times during the illness of her husband I had endeavored to re-vaccinate her arm, but failed in producing any irritation from the virus. About a fortnight subsequent to the decease of her husband, she was affected with slight febrile symptoms, and pains of abortion, which was soon accomplished. The child was dead, and the whole surface of its body studded with small-pox pustules. The mother was soon able to be about, not having been in the least affected by the disease.

Yours, very respectfully,

George Coxe, M. D.

Williamsburgh, L. I., March 28, 1842.

Royal College of Surgeons in London.

The Council proposing to publish, in the course of the ensuing year, a volume, to be entitled 'Transactions of the Royal College of Surgeons in London,' invite, from the members of the College and other scientific persons, communications relating to the improvement of anatomical and surgical science. The subjects proposed to be included in this publication are specified in the following extract from the ordinances of the College:—'The Transactions shall consist of original communications on surgical subjects; Collegial and Jacksonian prize dissertations, deemed of sufficient originality and merit; original memoirs on human anatomy; original memoirs on comparative anatomy; anatomical monographs of rare animals, dissected in the museum of the College; explanations of, and commentaries on, important preparations in the museum, with illustrative plates; statistical reports from hospitals.' It is requested that papers intended for publication in this volume may be transmitted to the President at the College, on or before the 1st of May, 1842.

Microscopic Observations.

There are many cases in which a pocket microscope may be found very useful at the bed-side of a patient, and render valuable assistance in the formation of accurate diagnosis. In the various diseases of the kidneys, for instance, on the pathology of which Bright, Rayer, and others, have of late years thrown so much light, microscopic examination of the urine affords very satisfactory results. An opportunity is now afforded for the purchase of such instruments by E. Bossange, of 56 Beaver street, in this city, who has recently imported a few achromatic microscopes, manufactured expressly for medical researches, by the celebrated Parisian optician—Soleil. Physiological observations cannot, of course, be conducted without such instruments, and in practice, as we have just remarked, and in the elucidation of questions connected with forensic medicine, as those which occasionally arise, for example, at coroners' inquests, their utility is sufficiently obvious. As Mr. Bossange received only a few of these elegant instruments, and as they are offered at a mere trifle, such of our readers as wish to procure them had better make immediate application. See advertisement.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending March 25, 1842.

31 Men, 39 Women, 47 Boys, 39 Girls. Total, 156.

DISEASES.

Apoplexy	1	Intemperance	1
Asthma	0	Inflammation	0
Asphyxia	0	Of liver	2
Abscess	0	Of bladder	0
Aneurism	0	Of brain	5
Bleeding	2	Of stomach	1
Bleeding from stomach	0	Of chest	3
Bleeding from lungs	0	Of lungs	16
Burned or scalded	0	Of bowels	4
Casualties	0	Of throat	0
Cholera infantum	0	Of womb	0
Cholera morbus	0	Jaundice	0
Cancer	0	Killed or murdered	0
Consumption	36	Locked-jaw	0
Convulsions	10	Lues Venera	0
Croup or hives	4	Mortification	0
Debility	0	Malformation	2
Delirium tremens	1	Marasmus	10
Diabetes	0	Measles	0
Diarrhœa	1	Old age	5
Death from poison	0	Organic disease of heart	2
Dropsy	4	Palsy	0
Dropsy in head	9	Rupture	0
Dropsy in the chest	2	Rheumatism	0
Drowned	1	Spinal disease	1
Dysentery	1	Suicide	0
Erysipelas	1	Sprue	0
Epilepsy	1	Small-pox	8
Fever	2	Scrofula	0
Scarlet	4	Teething	3
Typhoid	3	Tumor	0
Puerperal	2	Unknown	0
Remittent	0	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	1	Whooping cough	0
Hip Disease	0	Worms	0

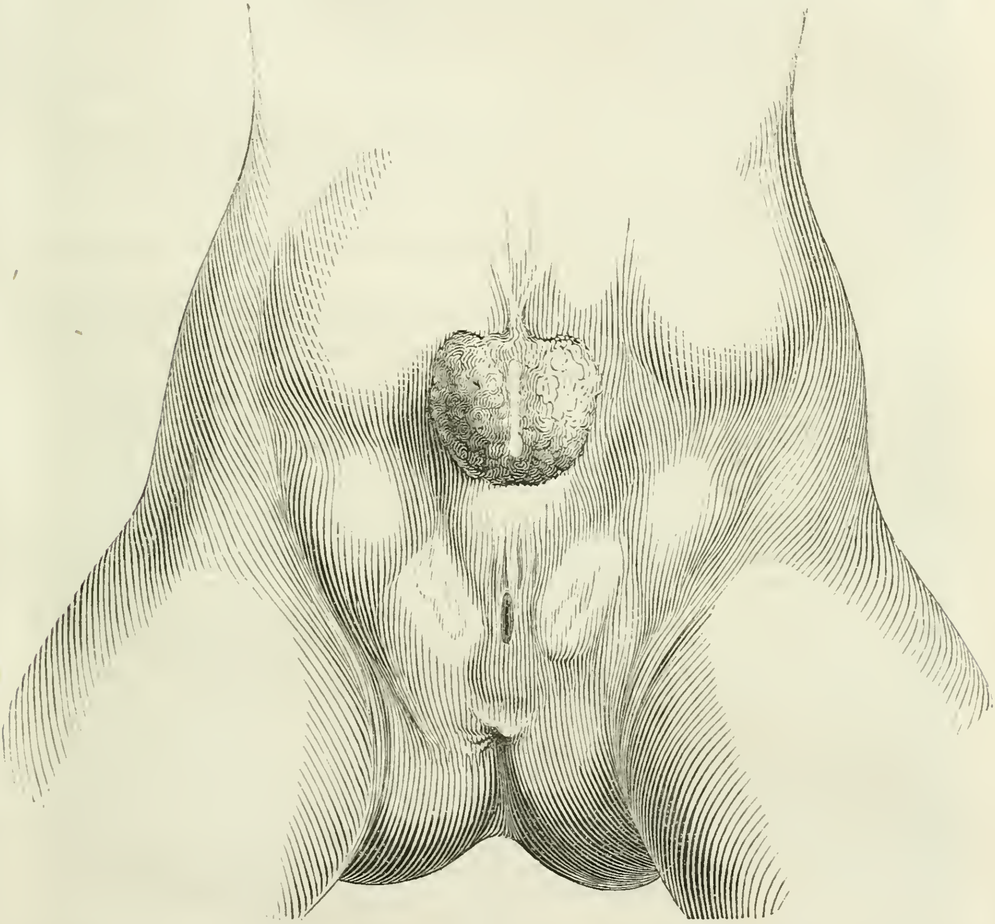
William A. Walters, City Inspector.

City Inspector's Office, March 26, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, APRIL 9, 1842. No. 15.



CASE OF ABSENCE OF EXTERNAL GENITALS, AND FORMATION OF AN ARTIFICIAL VAGINA.

[DRAWN FOR THE NEW YORK LANCET BY DR. WESTMACOTT.]

[In accordance with our request, Dr. Magee kindly furnished us with a cast, from which we obtained the above accurate illustration.—Ed. L]

TO THE EDITOR OF THE LANCET.

Sir:

In April, 1838, I was requested to visit Miss ——, then about 18 years of age. I found her suffering from severe pain, which intermitted, and returned in aggravated and excruciating paroxysms, similar to those of parturition. On investigating the history of the case, I was informed that the pains had first made their appearance about twelve months before, and were then slight and transitory, similar to those anomalous ones of which young females usually complain about the period of puberty; that they were not permanent, but returned about every four weeks, increasing in duration and intensity; that the last two or three attacks had continued each time for more than a week, and were so severe that the patient could find no relief, except from large and frequently repeated doses of opium The case indeed was first brought to my notice by a relative of the patient, who came to my office for the purpose of purchasing that drug.

On visiting the patient, I was informed by her mother that the organs of generation were wanting, but that her breasts were fully developed. After considerable hesitation, she permitted me to examine the parts. I found the mons veneris, and that part of the ossa innominata called the ossa pubis entirely wanting, and their place supplied by a semi-cartilaginous membrane similar in appearance to a cicatrix from a large and deep burn or ulcer. The labia were also absent, as well as the clitoris and nymphæ, neither were there any signs of a vaginal or urethral opening. Indeed, the whole space from above where the pubis is usually found to the anus. was one even surface, except some corrugations of the integument.

The urine escaped by a constant oozing from an uneven, spongy and vascular excrescence, placed in the situation of the umbilicus, about as large and similar in color to a ripe middle-sized tomato, but rough and papillous on the surface. During a paroxysm of the pain, I thought I could perceive a slight elevation of the integument over that part which should be the situation of the vagina. I supposed, therefore, that as the breasts were well developed, notwithstanding the external generative apparatus was wanting, the internal and most important might exist, and that the pains arose from the expulsive efforts of the uterus to free itself from the accumulating menstrual fluid. I administered a full dose of morphine, and remained until its operation had quieted the pains. I then prescribed a mild purgative, and ordered a second dose of morphine to be given after the operation of the aperient.

The next day I returned with my friend, Dr. Donation Binsse. The patient had passed a good night; the medicine had operated freely, but the pains were returning. After examining the parts with great care, Dr. B. agreed with me that it would be advisable to make an incision to permit the escape of the fluid, which was supposed to have accumulated.

I had the patient accordingly placed in a convenient position, and with a scalpel commenced dissecting cautiously through that part which seemed to be elevated the day previous. I continued this dissection with great care, for I was fearful from the abnormal condition of the parts, that I should meet with some unusual disposition of other important organs.

After dissecting down about half an inch, or perhaps more, a dark substance began to ooze from the wound, of the consistence of tar, and in color a shade darker than Spanish-brown paint, but without any offensive odor. I then introduced a probe-pointed bistoury, with which I enlarged the opening both upwards and downwards. Through this from two to three pints of the fluid above described escaped in a short time, followed by almost immediate relief.

On visiting her next day I learned that the discharge had nearly ceased, and the patient was very comfortable. The opening was kept pervious by a roll of linen saturated with melted beeswax, and secured with a T bandage. I have seen her frequently since, and learn that the catamenial discharge is regular and the opening permanent.

She has well-formed, pleasing features, and a full figure, somewhat enclining to *embon point*. I have not inquired whether she has any sexual desires.

Since I operated, I have frequently requested permission to take a plaster cast of the parts, which she has always refused until last fall, when the skin immediately below the tumor already described, became abraded from the constant flow of urine, and being very painful I was sent for to prescribe. I then obtained a mould, a cast from which I shall be happy to send you, if you desire it.

I am, sir, yours, &c.
W. Magee, M. D.

Paterson, N. J., March 1, 1842.

LECTURES.

A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.
BY
JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons, New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture II.

Sounds of the Heart—Various theories as to their production—Auscultation and percussion of the Heart.

Gentlemen:—There is one fact in connection with the anatomy of the heart, which I omitted to mention in my lecture yesterday, and which it is important to notice, as were you unacquainted with it, you would be frequently led into an error in your pathological investigations. The fact to which I have reference is the frequent occurrence of a large accumulation of fat about the heart. It is a very remarkable fact, that in pulmonary consumption, a disease attended, you are aware, with great emaciation of all parts of the body, and in which even the bones are wasted, it is yet often found that the heart becomes loaded with fat.—I now continue our subject. If you take a healthy individual, and expose the parietes of the chest and place your hand on the precordial region you will feel the communication of a distinct shock. This impulse is caused by the striking of the heart against the ribs, and when the chest is laid open and the action of the heart continued by the agency of artificial respiration, it is easy to see how this is affected. At each contraction of the ventricles, the heart springs forward, strikes against the parietes of the chest, and at the same time revolves a little on its axis. All this it is important to know, increased action being often diagnostic of many diseases of this organ. If you now apply your ear to the heart, you will distinctly hear *two sounds*. The first sound—dull, prolonged, and synchronous with the pulse; the second sound—sharp, clear, and abrupt. These two sounds did not attract the close attention of medical men until the time of Laennec, who was, you know, the discoverer of auscultation, and who attempted to explain the causes of these sounds. He has done so only partially, inasmuch as he has stated that the first sound accompanies the systole, and the second the diastole of the heart. This is all Laennec stated; he offered no explanation of the causes of these sounds. Some of his commentators say he did explain to a certain degree the production of the sounds of the heart, but I have been unable to discover that, after the most careful examination of his writings. Laennec was entirely deceived in respect to this matter. Mr. Turner was the first who ascertained the fact that the first sound was synchronous with the systole of the ventricle, and that the second was synchronous with the diastole. The first experimental observations on this were made by the late Dr. Hope, of London. After stunning an ass by a blow on the head, and then establishing artificial respiration, he removed the sternum so as completely to expose the heart. He then distinctly observed that the first sound was synchronous with the systole of the ventricles, and the second with the diastole; and also that the systole of the auricles precdded that of the ventricles, thus confirming the opinion of Turner and completely overturning that of Laennec. Now you must recollect in this connection that the systole of the heart is caused simply by muscular contraction of the ventricles—but the diastole is also an active state; it is not a passive relaxation, but is, so to speak, an active dilatation, and this is proved by the simplest experiment in the world. If you take the heart from an animal just killed, and attempt to compress it, you will observe that after its contraction, on endeavoring to compress it, its dilatation is so active that you cannot hold it—you prevent its dilatation only with the greatest difficulty. Numerous other experiments on this point, have been performed, and with the same result. This fact being established, the next point, worth being enquired into is, *how* are these sounds produced? How is it that we have a dull sound accompanying contraction, and a sharp sound accompanying dilatation?

The first opinion on this matter to which I will refer is that of Magendie, with whom you are all probably acquainted, and who is perhaps the best practical physiologist who has ever appeared. I had the good fortune to attend his lectures, and witnessed all the experiments on living animals with which he illustrated his admirable discourses. I can therefore speak of his opinions and experiments with considerable certainty. His opinion is that the first sound is produced by the striking of the apex against the chest, and that the second is owing to the striking of the parietes against the sternum during the state of active dilatation. This is certainly a very simple theory, and at first sight appears sufficiently plausible, at all events. Magendie endeavored to establish its truth by the following experiments. He first established the fact, which we all admit, that when any animal is placed on its feet, the sounds of the heart are heard much more distinctly than when the animal is placed on its back, and explained this by the change in the position of the heart rendering the impulse against the chest less powerful. This is his explanation of this part of the phenomena in question. He then removed the sternum and a portion of the ribs of an animal, and then examined the heart in its natural position. In this case both sounds ceased; but on taking a stethescope and applying it over the organ, both sounds, according to Magendie, returned, the impulse of the heart against the instrument, as he said, giving a sound analagous to that produced by the impulse against the ribs. He then injected a quantity of water into the pleuræ, so as to drive the heart back; the sounds ceased in this case also. He also pressed the heart back with a metallic rod slightly curved—all these experiments having one great object to remove the heart as far as possible from the parietes of the chest, and so prevent its impulse against the ribs. This latter experiment also, according to him, stopped both sounds of the heart.

Now, if these experiments were unobjectionable, it appears to me they would be conclusive. But there are some very forcible objections to the experiments of Magendie. One objection is, that he operated on very small animals, such as cocks, rabbits and dogs, all so small that the minute phenomena would escape observation, or become very much confused Again, experiments on larger animals have produced very different results. During the meeting of the British Association in Dublin, in the year 1835, Dr. Jacob, Professor of Anatomy, and other distinguished members of the profession, were appointed a Committee, and directed to institute a series of experiments on this subject. The experiments thus made were very complete in all their details, and are reported in full, with every confirmation necessary to establish them in the minds of all who read them, so that they are entitled to the greatest credit. This committee operated on large animals; on asses or calves of large size. They first attempted to confirm Magendie's theory, but the results of their experiments they found to be directly the reverse of his conclusions. They found that when they applied a stethescope with a piece of ivory at one end and a gum elastic tube at the other, which of course could not have transmitted any shock, they heard distinctly the first and second sounds of the heart. Again, on applying the ear close to the heart, without allowing it to come into contact with the chest, they were able to hear distinctly the first and second sounds of the heart. Each member of the Committee, it should be remembered, gives, in his own language, the result of his observations, and they all concur. The pericardium was filled with tow, a soft substance tending of course to destroy the shock of the heart against the ribs, and the same result was obtained as in the previous experiments. They even went so far as to allow the heart to hang out of the chest over the table on which the animal was laid; in this case, the members of the committee heard with great distinctness the first sound—the second sound was not heard, and I will tell you the reason presently. In 1836 the same set of experiments were repeated by a committee of the same association, but composed of different individuals, who were requested to continue the investigations in which the Dublin Committee had been engaged. Each member of the committee narrated, as in the former case, the result of his own observations, and the results confirmed most completely the conclusions of the committee of the former year. And this must be regarded as very conclusive, for I need scarcely say that had the second committee discovered any thing new or calculated to cast doubt on the conclusions of the first, they would not have kept us in the dark about their new discoveries. The inference is two-fold—that the gentlemen composing the committees were honest men, who reported just what they observed, and that the results of the various experiments are most likely to be correct, having become satisfactorily confirmed.

This fact, then, may be presumed to be established, that the sounds of the heart have their origin in the *organ itself*, and are not produced by the impulse of the heart against the ribs. The next question is, how are the sounds produced? I will, in replying to this, first take up the various theories respecting the production of the first sound, and the first theory I would mention is that which ascribes the sound to muscular contraction. It was established by Mr. Wollaston, of London, that muscular contraction generated a characteristic sound. You may, perhaps, have noticed that when you render the muscles of the fore-arm tense, and apply the palm of the hand to the ear, a certain rumbling sound is communicated to the ear. This is considered to be the result of the muscular action, and it is supposed that the heart, being a muscular organ, is capable of generating sound in this way. It would appear, however, to me, that if this were true, other muscles acting with equal power, and in the same way, would generate sound. The London Committee of the British Association, indeed, thought that they had discovered this to be a fact, for they advocate this theory. They thought that on applying the stethescope over the recti muscles of the abdomen, and producing sudden and strong muscular contraction of these muscles, which can be done, you are aware, by voluntary effort, that a sound analogous to the first sound of the heart was produced. Having seen this theory published some years ago, I tried the experiment on which it is founded, and after endeavoring for a long time to generate the sound of which the committee speak so positively, I was obliged to give up the attempt as altogether vain. Mr. Hope states that he tried this experiment and did succeed in hearing the sound already described, but he explains it by reference to the fact that during the contraction of the abdominal parietes the stethescope was displaced, and a sound was accidentally produced similar to that with which some of you are probably familiar, and have heard when a cupping-glass is removed. This explanation is, I think, correct and satisfactory. The next theory is, that this sound is produced by the *valves*. You are aware that during the contraction of the ventricles, the mitral and tri-cuspid valves become suddenly tense, and their sudden tension would naturally be supposed to produce sound—we shall see, by-and-by, that it does. M. Rouannet, of Paris, was the first to publish this theory, and Professor Bouillaud has adopted it, and so gives it additional credit. The experiments of the Dublin and London Committees of the British Association are very inconclusive on this point. They passed their fingers down so as to keep the ventricles from acting,—a very rude and awkward way of performing experiments, and the action of the heart must have been so deranged by it that little or nothing could have been accurately ascertained. The great objection against the valvular character of the first sound, is, that a valvular sound produced in this way should be sudden and instantaneous—a sudden flap, and then over. But the first sound is prolonged. This, then, constitutes a second objection to the theory we have been now considering.

I might go on in this way, and detail theory after theory, which would all amount to nothing. I have referred to those most in vogue, and supported by the best observers. I will here make one remark, rather in anticipation, that the second, sharp, clear sound is a valvular sound, caused by the sudden tension of the sigmoid valves of the aorta and pulmonary artery. And I would ask you to remark, that if this is a fact proved, why then should not the mitral and tri-cuspid valves which have the same structure and general action although not the same form, generate this sound? In fact, I believe they do, and that any one who attentively examines with the stethescope, the action of the heart in a healthy individual, and more especially in some diseases of the heart, will be satisfied that at the commencement of the first sound there is a distinct valvular sound.

One great error has been committed by all who have propounded theories on this subject, and that is, that they have attempted to explain this sound by attributing its production to *a single cause*. Now why may not this sound be the result of a complexity of causes? Is there any thing irrational in supposing that the sound may owe its origin to several distinct causes? This I believe to be the fact, and that Magendie's theory is to a certain extent correct. Let us examine it for a moment. If I strike the parietes of the chest with my finger, I generate a sound, even though I do not strike with half the force that the apex of the heart does against the ribs. Why then should not the impulse of the heart generate a dull and prolonged sound? The fact that this sound is less distinctly heard when the animal or individual is placed upon his back sustains very satisfactorily this explanation, that the striking of the apex of the heart against the ribs has something to do with the production of the sound; and the fact that the valves have something to do with the production of this sound is also proved by analogy, and I believe that the valvular element of this sound may be distinctly recognized. Now with respect to the third theory of muscular contraction, I believe it much more doubtful. It is possible that the muscular parietes of the heart may generate a certain degree of obscure, rumbling sound, which mixes with the other sounds, modifying their character, and producing that whole which I call a compound sound. This first sound of the heart then is, in my opinion, produced first, by the striking of the heart against the ribs—second, by the contraction of the valves—third, (possibly) by the muscular contraction of the parietes of the organ. But you can examine for yourselves all the various theories, and speculate as much as you please.

If there be any doubt about the origin of the first sound, there need be none about the second, for there is no fact in experimental physiology more clearly established than that it is produced by the sudden contraction of the sigmoid valves of the aorta and pulmonary artery. In the first place, we find that this sound is most clear and distinct over the region of the sigmoid valves. Dr. Carswell, formerly of London, now of Belgium, was the first to ascertain this fact, which he did when in Paris, where he was a student under Louis. Dr. C. was examining a patient with an aneurism of the arch of the aorta, if I remember correctly, and was much struck by the fact that the second sound was heard distinctly in the aneurism. The idea immediately occurred to him that the second sound was produced by the sudden contraction of the valves; and as he published his opinion, it became a fair matter of inquiry. The committees of the British Association, to whom I have already more than once alluded, have examined this subject most thoroughly, and have arrived at the same conclusions as Dr. Carswell. These gentlemen found that after taking out the heart from the chest of the animal which was the subject of the experiment, and laying it on the table—the contraction and dilatation of its cavities continuing, as you are aware they would—if they prevented the blood from flowing back they destroyed this sound, and also that they could modify its intensity to a greater or less degree by compression of the arteries above. And again, in the experiment in which the heart was allowed to hang out of the chest, and when the first sound was heard, the second ceased. Why? Because when the heart is allowed to hang out of the chest in that way on a table, the great vessels being bent at a right angle, the column of blood no longer falls back upon the valves. But still more conclusive experiments than these have been made. Both classes of these observers, whose experiments I have already detailed, took fine curved needles and passed them through the valves so as to pin them up, and the moment they had done so the second sound ceased. A curious fact happened in the course of one of these experiments—it was found that on one occasion, after the cessation of the second sound, it suddenly returned, and on looking for an explanation of this unexpected occurrence, it was discovered that one of the needles had slipped out, and so had allowed the valves to get free; and this experiment was repeated again and again with the same result. No experiment, I need scarcely say, can be more conclusive than this one. Nothing is wanting to establish the fact that the second sound is caused by the sudden tension of the sigmoid valves by the sudden shock of the column of blood during the active dilatation of the heart. This is an important fact, inasmuch as it is quite settled, and we can remain perfectly satisfied of its truth.

I now wish to make a few remarks on *auscultation of the heart*. Laennec made his first stethescopic observations on the lungs. His original stethescope was a very rude and clumsy cylinder, but answered to a certain extent the important purposes of its invention. It has since been modified according to every possible variety of form. But the simplest form, as in many other cases, is the best. The instrument in most general use is that of Louis. For examining the heart I prefer the solid stethescope. Indeed, the sounds of respiration can be heard as distinctly by means of the solid instrument as the hollow one; in examining the heart I can, I think, hear better through the medium of the former. However, the difference is not sufficiently great to make it of any great importance. In examining the heart with the stethescope, you should in all cases select one position of the patient in which you will uniformly conduct your examinations. I remarked yesterday, as you recollect, that the position of the heart in the chest was not fixed, but varies with the position of the individual. A sitting or standing position is the best in which to examine your patients in these cases, and persons affected with disease of the heart, are generally able to maintain either of these positions; if, however, they should be so sick as to be unable to sit, you must of course examine them in a recumbent position, but you will make the necessary allowance for that. The proper place to ascertain the character of the first sound is over the body of the ventricles, as near as possible to the centre of the organ. By examining here you are enabled to combine all the points you wish to take into consideration. To get the second sound you must place the stethescope directly over the sigmoid valves. In this way you get both sounds, and you notice that the first is dull and prolonged, continuing during the contraction of the ventricles. Then there is an interval. Afterwards comes the sharp, clear sound, not so easily heard as the first, but still more distinct, because sharp and clear; then comes a longer interval of repose, and then the same sounds are repeated; the 'tic-tac' of the heart, as it has been called, which gives you precisely the idea of the first and second sounds of the heart with the intervals between. And here let me impress on those just commencing these studies the importance of conducting these examinations with the strictest accuracy. If you wish to be proficients in auscultation, the first things which you should fix on your minds are the natural sounds of the organ. The best way to do this is for those of you who associate together to practise on each other, and you must not be satisfied with three or four examinations. I commenced practising in this way, and I listened time after time to the natural sounds of the heart, until I got them so firmly fixed in my mind that I never could forget them. And it is proper that you should acquire a thorough acquaintance with these natural sounds before you meddle at all with the morbid sounds Do not be disappointed if you hear nothing at all at first. After the ear becomes a little accustomed to this exercise, and above all when you understand what you should expect to hear, then by practise the whole matter will become clear as the sun-light.

I will add a word or two about *percussion of the heart*, which may be performed in a variety of ways. In the first instance, percussion of this organ was attempted in a very rude and unsatisfactory way, by striking the chest with the fingers. In some affections of the lungs, such for instance as well-marked cases of pleurisy, this mode is well enough, but in regard to the heart it is not worth a fig. Piorry, of Paris, was the first who brought this to any degree of perfection; he introduced an instrument called the 'plessimeter.' This was a great improvement on the old method, and all the subsequent improvements have been made on this principle. This is called the 'mediate,' in contradistinction to the 'immediate' percussion. Some use India rubber plessimeters, and Louis among them; but the best thing is the forefinger of the left hand, and when once accustomed to use it you will throw away every other sort of plessimeter; one thing is, you always have this about you. (A laugh.) Another great advantage is, it fits into all the depressions on the surface of the chest, all the interstices between the ribs; and you also in this way get a much better idea of the elasticity of the parietes. Drs. Canmann and Clark, of this city, invented a new way of percussing the heart. Their theory is simply this, that the sound generated in a solid body like the heart is more directly transmitted to the ear through another dense body, than if permitted to arrive at the ear without that interposition. You apply it over the centre of the organ, then percuss, and as you recede from this point, the sound recedes ——What sound? When you percuss over the organ, you have what may perhaps be described as a metallic shock; the moment you leave the heart and get on the lungs that moment this characteristic shock ceases. You mark it above, below, or on each side; and then by drawing lines, first vertically, and then horizontally, you get the four diameters of the heart, and you may thus, as Drs. Canmann and Clark have shown in their tables, ascertain to a line whether the heart is larger than natural. The importance of the information thus acquired will appear hereafter. As the hour has now expired, gentlemen, I must conclude, and on to-morrow I will take up the subject of enlargement of the heart.

LECTURES ON THE PATHOLOGY,

AND

Diseases and Derangements of the Nervous System.

BY

MARSHALL HALL, M. D., F. R. S., L. AND E., ETC. ETC.

No. III.

The Pathology of the Nervous System.

I now proceed to that part of the subject which it is more particularly my province to treat in this place—the Pathology of the nervous system.

In order to conceive a clear idea of the pathology, we have only to imagine the physiological phenomena, already noticed, assuming a pathological character. Now, the force of these phenomena may be augmented, diminished, or annihilated.

In regard to the cerebral functions, we have, in the sentient nerves, pain or insensibility; in the cerebrum itself erroneous perceptions, judgments, and volitions, or delirium; or a total deficiency of these faculties, or coma; in the motor nerves continual voluntary actions; or paralysis.

We may take the face with its sentient and motor nerves, to illustrate a part of this subject. We may have morbid sensibility in the face: and this may assume the form of tic douloureux. We may, on the other hand, have less of sensibility: this may arise from disease of the opposite hemisphere, or of the fifth nerve, within or without the cranium. The former case constitutes hemiplegia of the face; the latter cases have been particularly described by Sig. Bellingeri and Sir Charles Bell. We have in these affections interesting calls upon your resources for the diagnosis.

In hemiplegia the loss of sensation is rarely complete, and there is usually paralysis of the muscle of the face, and the susceptibility of the nostrils to irritants is unimpaired; this was the case in a patient whom I recently examined, by the kindness of Dr. Watson, in the Middlesex Hospital. In the case of disease of the fifth within the cranium, the loss of insensibility is frequently complete, the nostril has also lost its susceptibility to the impression of stimuli, and eventually the eye, not being nourished, shrinks and collapses; the power of the masticatory muscles is impaired, but the face is not distorted by any apparent paralysis.

In the paralysis of the face, from the disease of the opposite hemisphere, the eye-lid can be closed, as in this representation; in paralysis of the facial nerve, the orbicularis is paralysed, as you may observe in this. What is the rationale of this difference? The seventh, like the fifth, is a compound nerve. As the latter embraces excitor and ganglionic filaments, which are not involved in the attack of hemiplegia, so the former comprises a branch belonging to the excito-motory system, which is not affected in disease of the cerebrum. These I have not thought it necessary to designate particularly

Both the fifth and the seventh pairs of nerves are, then, more complex than they are represented to be by Sir Charles Bell. The former includes excitor and nutrient nerves, with the nerve of sensation; and it has appropriate origins, distributions, and offices: of its offices, sensation alone is impaired by cerebral disease; but all are annihilated by the pressure of a tumor within the cranium. The seventh comprises pure cerebral and true spinal nerves: the cerebral only is affected in hemiplegia, and the orbicularis retains its power; all are paralysed by the pressure of a tumor below the ear, and we have paralysis of the sphincter of the eye-lid. This remark leads me to observe that ptosis is a cerebral paralysis, whilst lagophthalmia is one of the true spinal system: to the latter system strabismus also frequently belongs.

It was well known to the ancients, that disease in one hemisphere of the brain induces paralysis in the opposite side of the body.

This fact has been confirmed by modern pathologists. It has been fully ascertained that disease confined to one hemisphere of the cerebrum, or of the cerebellum, and to one side of the mesial plane in the tuber annulare, constantly affects the opposite side,—whilst disease, confined to one of the lateral columns of the medulla oblongata and medulla spinalis, affects the corresponding side, of the muscular system. The encephalon has a crossed effect; the medulla a direct effect.

It has been further ascertained that, in experiments, lesions of the encephalon induce paralysis only, whilst lesions of the medulla oblongata and spinalis induce convulsion or paralysis, according to its severity. Hence it becomes an important question to determine the cause of convulsive affections in disease of the encephalon: to this question I shall particularly direct your attention immediately.

Such are the facts in reference to this subject. I must now briefly state to you that, formerly, Saucerotte, in his Prize Memoir presented to the Académie Royal de Chirurgie, in 1768; and, more recently, MM. Foville and Pinel-Grandchamp, M. Serres, M. Lacrampe-Loustau, and M. Bouillaud, have attempted to show, that, besides this crossed effect of the cerebrum, affection of the corpus stratum, or its middle lobe, induce paralysis of the inferior extremities; whilst similar affections of the thalamus, or its posterior lobe, induce paralysis of the superior extremities; so that, if this opinion were true, there would be a double crossed effect. I use this phrase as a sort of mnemonic for you, if you should wish to speak of these opinions, for I fear I must call them by that name: M. Lallemand and M. Andral, after an examination of an extensive series of facts, have declared that the statement is without foundation. M. Bouillaud has further attempted to show, that the disease, or lesion, of the anterior lobe of the cerebrum leads to a loss of the power of articulation. But this opinion is equally contested by the two authors whom I have just quoted.

I must now briefly notice an attempt to localize the affections of the brain of a different kind, but equally disputed by these pathologists: MM. Delaye and Foville have stated that the grey or cortical substance is principally affected in mania; MM. Bluchet and Cazauvieilh, whilst they agree with MM. Delaye and Foville in their view of the pathology of mania, contend that in epilepsy it is, on the contrary, the white or medullary portion of the brain which is diseased.

The tubercula quadrigemina alone have a crossed effect, both of convulsion, and paralysis.

M. Ollivier observes that a hæmorrhagy into the tuber annulare only paralyses the movements; M. Cruveilhier, on the contrary, asserts that such an affection destroys the sensations and the movements, but leaves the intellect uninjured. How many questions, then, still remain for future inquiry to solve?

I need scarcely add, in this place, that in those cases in which hæmorrhagy occupies an extensive space, affecting both hemispheres of the cerebrum, —as in meningeal hæmorrhagy at the summit, or at the base of the brain, in extensive hæmorrhagy within the brain, extending from one hemisphere to the other, or into both ventricles,—general paralysis is observed; the same event takes place in the cases in which a clotis formed in the mesial line in the tuber annulare—the nodus encephali, as it has been termed.

Apoplexy and general paralysis are always serious. They are still more so when they affect the excito-motory system, inducing dysphagia, stertor, relaxed sphincters, &c.

Legallois, impressed with the idea that the spinal marrow was indued with the faculties of sensation and volition, experienced great difficulty in explaining the occurrence of paralysis from the disease of the cerebrum. He observes, 'Quand bien même on n'apercevrait aucun moyen de les concilier, il n'en demeurerait pas moins vrai, d'une part, qu'une affection bornée uniquement au cerveau peut oter le sentiment et le mouvement volontaire â la moitié du corps, et de l'autry, que le sentiment et le mouvement volontaire peuvent subsister et être entretenus dans un animal décapité. Quelque opposés que ces faits paraissent être, il faut se souvenir que deux faits bien constatés, ne peuvent jamais s' exclure l'un l'autre, et que la contradiction qu'on croit y remarquer tient á ce qu'il y a entre eux quelque intermédiare, quelque point de contact qui nous échappe.' The facts and principles which have been detailed in this lecture enable us readily to remove this difficulty, and to account for the paralysis induced by disease of the cerebrum, on one hand, and for the movements of an anencephalous fœtus in utero, or of a decapitated animal, on the other. The paralysis consists in the loss of voluntary motion; the movements of the anencephalous fœtus result from the agency of the excito-motory system. Legallois' error was that of mistaking the phenomena of the excito-motory system for sensation and voluntary motion; and his difficulty naturally arose out of this error. There is no real discrepancy between the two orders of facts to which Legallois refers.

But I must hasten on. I will close my remarks on this subject by stating, that however distinct the cerebral and true spinal subdivisions may be, they exert an influence upon each other which is essential to the well-being of the individual. The anencephalous fœtus, though it may be born alive, and even live for some hours, is not viable; it must soon die. Apoplexy and hydrocephalus destroys the patient by destroying the cerebral functions merely. During sleep even, although this be chiefly an affection of the brain, the functions of the true spinal marrow are somewhat impaired; the respiration is noisy, frequently slightly stertorous, and irregular. Yet the respiration does proceed, acts of deglutition take place, and the sphincters do their office. Still a marked distinction between the cerebral and the true spinal functions is, that the former are partly suspended in sleep, and entirely in coma, whilst the latter are unimpaired; in sleep and in coma the eye-lash is susceptible to the slightest stimulus, and the orbicularis—the sphincter of the eye-lid—and the other sphincters, with the muscles of the larynx and of the respiration, do their office. This state of things cannot last long, however, in coma; because the integrity of the cerebral function is essential to the continuance of the true spinal and the other functions of the animal economy. Hence the fatal omen attached to stertor, choaking, relaxation of the sphincters, and other morbid affections of the true spinal functions, in cases of cerebral disease, already noticed.

On the other hand, if the excito-motory system be impaired in its functions, the acts of the cerebrum are interrupted. The volition is perfect in chorea, in stammering; but the voluntary movements, from the morbid condition of the excito-motory system, are irregular and imperfect. I have this day witnessed a remarkable fact: a patient who had suffered a degree of loss of power of the left arm and leg, from a protracted epileptic seizure, and who could not close the hand firmly otherwise, could grasp any object placed in it, with considerable force.

I must not, however, extend my observations on the cerebral system, but hasten to that in reference to which I particularly wish to engage your interest. That I shall readily do this, on account of the part which I myself have taken in its elucidation, I have no doubt; but I rather wish to do so, on account of the intrinsic and practical value of the subject itself.

The first remark I would make is a very comprehensive one. I believe that the whole order of spasmodic and convulsive diseases belongs to this, the excito-motory division of the nervous system, —and that they cannot be understood without a previous accurate knowledge of this system!

Another remark is equally important. All these diseases have their source in one of three parts of the excito-motory system: the first series have their origin in the spinal marrow itself, the axis or centre of the system; I shall designate these cases by the epithet centric: the second series have their source in the excitor nerves, consequently at a distance from that centre; I shall denominate them the eccentric. A third series occurs, like the spasmodic tic of the seventh pair, in the course of the motor nerve. I will soon convince you that this distinction is not an unimportant one: the prognosis depends upon it almost entirely; the centric diseases are, for the most part, incurable; the eccentric diseases, on the contrary, as generally, with some particular exceptions, admit of cure. I will briefly illustrate these positions:—You have two little patients with croup-like or other convulsion; one of these cases may arise from disease within the cranium or spinal canal; it will most probably prove incurable: the other may arise from dentition, a cause acting upon an excitor branch of the fifth; I need scarcely add that it will generally yield to the prompt and energetic use of the appropriate remedies.

A third remark is that in all or almost all, the order of spasmodic diseases, the parts most immediately concerned in ingestion and egestion,—the orifices and exits of the frame,—are those principally affected. The physiology has become pathology. The larynx is closed in the convulsions of children, in epilepsy, in puerperal convulsions; it is spasmodically affected in tetanus and hydrophobia; it is partially affected in the croup-like convulsions, in hysteria, in which there is frequently loss of voice, &c. The pharynx is affected in some of these diseases. The respiratory muscles are so in all. In epilepsy we observe affections of the sphincters, and even of the ejaculators.

No disease can illustrate the pathology of the excito-motory system better than epilepsy. It is sometimes centric, and incurable; frequently eccentric, arising from gastric or intestinal irritations, and curable. It involves every part, and every functions, of which I have spoken under the head of the physiology. The fourth and sixth nerves are affected, and the eyes move convulsively; the tongue is protruded, the teeth are forcibly closed upon it, the mouth is variously moved, with the extrusion of bloody foam; the larynx is closed, and there are forcible convulsive efforts of the expiratory muscles; and, as I just stated, the sphincters are sometimes relaxed, and the ejaculators occasionally expel the semen.

I must say a few words, in this place, respecting the important function of generation in both sexes.

It is plain, from the circumstances, that the act of the '*sunousia*' in the male sex is, irrespective of the sensation, one of the true spinal marrow: it is an excited act, from an appropriate stimulus. This being wanting, the act of ejaculation is as impossible as that of deglutition without saliva or other appropriate stimulus of the muscles of the pharynx.

Gregory, speaking of this act, observes—'ita ut totum genus nervosum mirum in modum convellat, musculosque levatores ani dictos ad contractionem cieat, &c. &c. and adds 'semen' in urethram 'effusum novum dat stimulum cui musculus accelerator paret, in reddenda urina voluntarii motus, in expellendo semine invity motus, organum,' &c.

The same elegant writer adds,—'Neque solus accelerator musculus convellitur; levis plerumque tremor aut convulsio, abliquando vero vehementissima convulsio omnium musculorum in Venere observatur; hinc anhelatio, palpitatio, syncope, epilepsia nonnunquam, vel demum subita mors, quæ nonnullos Venere occupatos, nec tale quidquam timentes abripuit.'

I observed, in the paper already mentioned, that there is but a step, as it were, from the normal affection of the nervous, muscular, and respiratory systems, in that circumstance, to an attack of epilepsy itself. Hippocrates is said to have observed, '*ten sunousian einai mikran epilepsian.*'

On the other hand, there is, in epilepsy, as I have stated, frequently an action of the ejaculatores.

The whole of these phenomena lead us to interesting views, both of this act and of this disease. Both are, primarily, affections of the excito-motory system. A patient, mentioned by M. Brachet, perfectly paraplegic, and destitute of all sensation below the loins, became a father; the '*sunousia*' is described as being 'sans sensation,' 'sans secousse.' Its influence was limited by the disease.

With these remarks I must conjoin one or two observations respecting the connection of the uterus with the excito-motory system. Every one is aware of the effect of conception in inducing vomiting, and of the fearful attacks of convulsion which sometimes supervene at a later period of pregnancy, and during, or after, parturition. One patient, on the other hand, subject to epilepsy, lost the attacks during the whole period of pregnancy! The very act of parturition, inscrutable as it is, seems, with abortion, to be one of the excito-motory system.

As a final remark, I must mention the singular influence of the passions over these and all the functions of the excito-motory system. Sickness; panting; convulsions; relaxation of the sphincters; —these, and a thousand other affections of this system, are induced through the mysterious influence of disgust, fear, &c. Infantile convulsions and epilepsy are renewed by vexation, &c.

The condition of the larynx and of the respiratory motions affords an important diagnosis between epilepsy and hysteria. In the former the larynx is usually closed with forcible expiratory efforts; in the latter it is open, with heaving, sighing, breathing.

In one case of epilepsy, my patient, who was musical, lost the power of singing the higher notes after each attack. It is well known how frequent loss of voice is also in hysteria. In hysteria, however, we have rarely, if ever, a bitten tongue.

A terrible disease of this order, is tetanus. All the symptoms of tetanus sometimes arise from disease within the spine. This ought to be termed centric tetanus. Far more frequently the cause is seated externally, in the course of some of the excitor nerves of the system. A nerve included in a ligature, or lacerated in a wound, may prove the eccentric seat of tetanus. In both cases it is plain that it is the excito-motory division of the nervous system which is involved in the disease.

To show you how little this subject has been understood, I will adduce one fact especially. Even Mr. Swan, than whom few have dissected the nervous system with greater success, imagines that tetanus may have its seat in the ganglionic or sympathetic system of nerves. Mr. Swan observes—'I have been induced to inquire how the body is usually affected after accidents. From that inquiry I have been led to state, that when a severe injury has been received, the ganglia of the sympathetic nerves become irritated, and consequently the parts to which they distribute nerves.' The irritation 'may be communicated to many of the cerebral, and all the spinal, nerves, and from these to the spinal chord; thus producing tetanic spasms, varying according to the part of the sympathetic nerve most affected, as well as the extent and complexity of the irritation.'

It is difficult to conceive how the sympathetic could either be affected by the cause, or produce the symptoms of tetanus; its functions are interstitial, not obvious to our senses, seen only in their effects. It is plain, on the contrary, that the real state of this disease is that portion of the nervous system which I have distinguished from the rest, and designated the excito-motory. Tetanus may be produced at will in the frog or salamander, by applying strychnine to the skin. If the head be moved, the frame is still tetanic. If any portion of the spine,—if even the tail of the salamander be separated, it exhibits all the phenomena of perfect tetanus! These cease on destroying the caudal portion of the spinal marrow, by means of a fine needle. If in the decapitated turtle you lay bare certain nerves, and pinch them continuously with the forceps, you immediately induce a state of tonic contraction of the muscles of all the four extremities, and of the tail. This experiment is the very type of tetanus, and leaves no doubt what particular part of this nervous system is affected in this disease.

I have scarcely time to say a word about hydrophobia. But consider how this disease is induced; what symptoms present themselves; what parts, what functions, are involved; and you cannot fail to fix upon the particular division of the nervous system affected in this most terrible of maladies.

I must hasten to conclude this lecture. Allow me to say one word respecting vomiting. This act may be excited by disease within the cranium, by irritation of the fifth in the fauces,—of the pneumogastric in the stomach, the gall-duct, the ureter,—of the spinal nerves of the cervix utery This familiar phenomena combines the excitor nerves and motor nurves of respiration, into one system.

On the other hand, dentition produced strangury and tenesmus,—symptoms of calculus,—in the little boy of a friend of mine; symptoms which ceased on freely lancing the gums.

In one case, extreme spasmodic structure of the sphincter ani was produced by the unsuspected presence of a calculus in the urethra. There is no more common event than retention of urine from passing a ligature round a hæmorrhoidal tumor. In all these various cases, an excitor nerve is irritated; the irritation is carried to the medulla oblongata or spinalis, and reflected upon the muscle, or system of muscles, excited to spasmodic action.

The time does not now admit of my adducing more facts of this kind. Before I conclude, however, I must lay before you some facts of another description.

First, disease of the meninges and of the brain, induce spasmodic actions. How is this explained? I think upon the principles of irritation and counter-pressure. The first may act through the medium of the nerves distributed to the membranes,—as the recurrent of the fifth of Arnold. In reference to the second, I may adduce several valuable facts. In an interesting case most anxiously watched, and accurately detailed to me, by my friend Mr. Toogood, of Bridgewater, of a little girl, aged thirteen months, the croup-like convulsion occurred repeatedly, until one day, when the bones of a cranium separated, the convulsion then ceased: in a case of spina-bifida related to me by Mr. Herbert Evans, of Hampstead, there was a croup-like convulsion whenever the little patient turned, so as to press upon the tumor. In the case of anencephalous fœtus, described by Mr. Lawrence, convulsion was produced on pressing on the medulla oblongata. In a case of meningitis given by Dr. Abercrombie, the anterior fontanelle became very prominent; pressure upon it induced convulsion. Hypertrophy of the brain affords an argument of the same kind: it induces convulsion, except in the case in which the cranium grows with the encephalon. These and other facts lead me to think that convulsion arising from cerebral disease, is thus to be explained.

And now, an interesting case presents itself.—What is the rationale of convulsion from excessive hæmorrhagy? It struck me that this question might be resolved by experiment. I went to the house of a butcher, and begged to see a sheep killed. The usual mode of doing this is, first divide the spinal marrow, and then open the large vessels. At my request, not only the spinal marrow, but the entire neck, was divided, the head being separated from the body with the exception of the skin: the blood-vessels were then divided. I watched the effect of the flow of the blood. After a certain hæmorrhage had taken place, the animal was violently convulsed. The convulsion could only be spinal.

One final word upon the pathology of the external portion of the ganglionic system. I think it probable that many of those cases in which one limb of an infant ceases to grow, are cases in which the disease is seated in the posterior spinal nerves leading to the part—probably at or near their origin. This conjuncture must be confirmed by the careful post-mortem examination of such cases. It may possibly admit of being illustrated by experiment.

I beg to observe that I shall, in future lectures, treat of these subjects in their turn, and, as usual, in a perfectly practical style, from which the present lecture must be viewed, in some degree, as a deviation.

A COURSE OF LECTURES
ON SURGERY,

With Surgical and Pathological Anatomy.

BY

VALENTINE MOTT, M. D., PROFESSOR OF SURGERY, ETC.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

Session 1841-2.

Lecture XXVI.

ENLARGED TONSILS.—CONTINUED.

'If you do not choose to excise the tonsil in the way I described in my last lecture,' continued the Professor, 'you can adopt a plan which certainly deserves our consideration and particular mention, and that is the plan proposed by Dr. Physic, of putting a ligature, or wire of any sort, on the tonsil through the medium of a canula, or with the fingers; either a ligature or a wire, and leaving it on for twenty-four or thirty-six hours. It is a fact that if you put the ligature on for twenty-four hours, and you remove it, the part will slough off. It is very loathsome to have a canula in the mouth, but this is a plan deserving of consideration. I was always in the habit of using the canula and wire, but I have long since dispensed with it, and used the method I have mentioned.

Before I proceed to another subject, gentlemen, I will close the subject of polypus, and tumors and difficulties about the posterior fauces, by introducing to your notice what I say is an original operation. I bring it in here, and you may put it as an appendage to the subject of polypus I have described. I introduce it to you now because it belongs to this point as immediately connected with the nose. I know this to be an original operation. This operation, I am happy to say, has been followed with perfect success, and the fact is, as I stated to you on Saturday, that I had many years ago in my public teachings said that I believed it an operation that was practicable, but had not met with a case proper to put it into practice. Since my return I have seen the case, and the only case in which I thought proper to do it, and I therefore performed the operation as I considered it might be done, and with perfect success. The case is briefly this:—A man, perhaps thirty-five years of age, more or less, applied to me stating that he had been waiting four years for me to return to this country. He came to New York six or eight years ago, having labored during the whole time with a difficulty of one of the nostrils. That difficulty increased, and he put himself under the care of several gentlemen in this city very competent to treat such a case. He was treated by them, but without the least benefit. He said at least one hundred attempts had been made to extract this substance(?) by means of forceps, and that some portions of it had been torn off, but all of no avail. One gentleman who treated him applied a canula and wire to the side of the nostril, and kept it on eight or ten days—it strikes me it was nine days. He suffered a great deal of pain during all that time, and to no purpose. When he applied to me I examined this tumor. The tumor was visible in the nostril down even with the ala nasi of the side affected. The nostril of that side was considerably enlarged, and his voice, of course, showed no passage of air there. On looking into his throat, a large sarcomatous mass, that hung down behind the velum, and larger than the uvula, (was seen.) On feeling it, it felt as a hard sarcomatous mass, and one lobe of it passed into the nares of the other side, and was going up to the posterior nares. In this state I saw him. I naturally was disposed to try what could be done by the ordinary means. I pulled on it with forceps, but to no purpose—I couldn't get it to yield. Upon getting hold of the body of the tumor, which I did with different instruments, I pulled on it with all the force I could, having firm hold of it with an instrument that secured it perfectly. I tried a wire several times, and this I did to satisfy myself that I had done my duty, not to try any severe operation till

I had thoroughly satisfied myself that I could not relieve him. I considered that it was impossible to get rid of it other than by some very formidable operation. I told him what might be done. I said I had never done it, nor was I aware of its having been ever done by any one. That is the way I always do. I always represent the whole truth to the patient. I said I didn't know that I couldn't do it, but that I believed it feasible and practicable. He said he was perfectly willing to submit to any thing I would do. On these grounds I proceeded. Before venturing on the living parts, I resorted to what I have always resorted to when going to perform an operation out of the common way with a view of satisfying myself of the possibility of it. I therefore performed the operation on the dead subject exactly as I thought I might perform it on the patient, to see if I could get access to the nares so as to extirpate this. Having done so, I said I had satisfied myself I could perform such an operation, but whether I could get rid of all the diseased mass I could'nt say. He therefore consented, and I performed the following operation:—The operation I am about to describe, as far as concerns disease of the jaw-bones and carcinomatous disease of these parts, has been performed a great number of times in this city. When I come to diseases of the jaw-bones, I will show you a variety of specimens of disease of this kind in which I have thus operated. The removal of the superior maxillary bone has been done a number of times. But the operation is new as connected with this disease, which may, I suppose, be denominated 'the fibrous polypus of the hardest structure.' If not in the face it would properly come under the denomination of sarcomatous disease, but as in the nose, and connected to these parts to which polypi are generally attached, it may be called a polypus of the hardest sort that can occur in the nose. I made an incision, in the first instance, with a view to unite the parts harmoniously, so that it should go down through the upper lip without encountering the angle of the mouth, and whenever you perform an operation of cutting through the cheek, let me advise you to cut so as not to encounter the angle of the mouth. You never can make as good an angle as you can an upper lip. Therefore, in this case, I made the incision from immediately below the superciliary ridge, directly below the lower part of the os frontis, at the upper part of the os nasi, and carried it below the nose, and so to the upper lip. This I made down to the bone. Then, having cut freely, so as to get through entirely to the bone, I dissected off the integument from the os nasi of that side, detached the cartilage from it, and of the superior maxillary bone, and turned the nose over to the opposite side. I then dissected off the cheek from the other side, so as to make room enough to have access to the bones. Having, therefore, laid the cheek aside, there was a space before me that exposed all that part of the bones of the face. I then sawed through the os nasi very near the suture, and then obliquely I sawed from the point above where this os nasi is attached, so as to bring down the cut, avoiding the lachrymal sac, and carried it outward so as to cut through a considerable portion of the superior maxillary bone. Then, by means of Hey's saw, I cut through the bone just above the alveolar margin. This is an exceedingly difficult operation to accomplish, on account of your being obliged to saw without much motion being given to the different saws. I had a saw that went circularly, and I was enabled to saw with Hey's saw, or saw on a modification of his principle. With some difficulty then I succeeded. I sawed through here just above the teeth, and as a little splinter of bone held on, for the first time in my life I made use of a little chisel. It is very common in Europe—nothing is more common than a chisel and a mallet in an operation. I have seen French surgeons cut away all below the orbit here with very little ceremony, but very neatly. I have a very beautiful chisel, and a little hammer, such as is used in lithotrity, and so I made it all appear perfectly surgical. I gave the chisel one little rap, and it was off. Therefore that was the first time I used a chisel. Having thus detached the bone, it was evident to all present that here was access to the nares, and to a very great degree, and there the tumor actually bulged out. The next thing was whether I couldn't get it away. I went to work, took hold of it with strong forceps and pulled upon it, and judged where it was fast by pulling upon it. I couldn't pull it away. I then passed in a crooked bistoury where it was fast to the cribriform plate of the ethmoid bone. I passed the bistoury in different directions, and after having done so I took hold of it with an instrument having claws, and which holds on firmly, and is sometimes used in removing the eye-ball. I pulled on it gradually with this, and by cutting it in different directions, I found that in pulling on it I pulled all the mass, which ran up in front to the superior turbinated bone—the mass behind remained. We could now, however, see our way very clearly, and this operation led to the establishment of the propriety of removing the turbinated bone in cases of malignant disease of it. Well, that being removed as well as other parts, it now remained to get rid of the posterior part, by far the largest mass. I passed in the bistoury, and found that this posterior part, contrary to the attachments of polypi, was fastened along the floor of the nares all the way back. Polypi, generally, are connected with the side of the nose and turbinated bones—that is, the benign kind. This was otherwise, which leads me to say it had more of the character of sarcomatous, however, blended with polypus. It was necessary then to detach it by means of a bistoury, introduced in different directions. Having done so I put my claws on it—then took another strong pair of polypus forceps, and laid hold of it firmly. The case was one of the best for an operation—I never saw a more resolute and determined patient—if I didn't succeed I hadn't any one to blame but myself, and I certainly stuck on to it like a beaver! (A laugh.) I said to one of the assistants, 'hold on to his head,' and I was determined to give him a monstrous tug; and with both hands in this way, I gave one wrench, and away it all come, and staid away till this day. He is perfectly well. Little or no bleeding followed, and the wound was carefully closed with stitches, and healed by the first intention. Now this is a new operation, and as such I claim it for myself and for my country. Somebody has told me that it was done in London, and that the case is given in the first volume of the *London Medical Gazette.* But no, I have read that, and it's not like mine. The patient perished. It was done by the late Henry Earle, who died of inflammation of the throat. His case occurred in St. Bartholomew's, and was one of common malignant polypus. How he did, was, he cut through, making an incision on the side of the nose, and cut through the integuments of the nose and the middle of the ala nasi of that side, and with Liston's forceps he took out a piece of the os nasi, and took out as much of the polypus as he could; but he didn't get all out, and the patient perished of that horrid disease. That is the only case at all resembling my case, and I presume to say, that as far as the description goes, all gentlemen with whom I have conversed say they know nothing of any operation similar to the one I have described—that is, for this very thing. Remember little shades of difference may arise, but for this affection my operation is original and unique. I add that to the list of diseases of the nose and face.

Cyanide of Potassium in Acute Articular Rheumatism.

M. Malherbe gives a case of acute rheumatism attacking the articulations of a chlorotic young female. Leeches were twice applied, with temporary relief, but followed by a relapse of the severe pains. He then prescribed compresses to be applied over all the joints affected, and moistened with a solution of cyanide of potassium, (10 grs. to one ounce of distilled water.) In forty-eight hours the rheumatic pains had entirely ceased.—*Journal des Connaissances Medico-Chirurgical.*

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, April 9, 1842.

Medical Statistics.

A recent number of the London *Lancet* informs us that 'the Council of the Statistical Society has appointed a Committee of Hospital Statistics, to consider the best means of collecting facts that will be susceptible of numerical analysis on an uniform plan, in periodical returns made from the various sanatory institutions of the country. Something of this kind has long been wanted, and its utility universally felt. Physicians and surgeons perceive that, in addition to the handicraft part of physic, there is, as in other departments of philosophy, a wide field for scientific generalisation, founded upon systematic observation. The time is, therefore, ripe for some such undertaking as that to which the Statistical Society has called the attention of the profession. The Committee has invited the co-operation of the officers of the London hospitals; and it is expected that a meeting on the subject will take place early in January, when the matter will be discussed in all its bearings. As a preliminary step, it is proposed, with the permission of the authorities, to enumerate (on January 8, 1842,) all the patients in the following hospitals—St. George's, the Westminster, the Charing-Cross, the Middlesex, University College, King's College, St. Bartholomew's, the London, Guy's, St. Thomas's, the Small-Pox, the Fever, and the Lock. The age, sex, occupation, and disease, and the duration of the disease, prior and subsequent to admission, are to be distinguished in schedules, printed for the purpose by the Society; and the enumeration is proposed to be effected by gentlemen nominated by the medical officers. It is believed that the numbering can be effected with comparatively little trouble, and yet be rendered sufficiently accurate, by taking the list of patients in the hospitals on the one day, visiting each individual, verifying the facts, and consulting the medical attendant on any difficulty that may arise. In pursuance of the plan, abstracts of the returns, in well-considered forms, well be made, under the direction of the joint committee of the Society and the medical officers of the hospitals.'

Our cotemporary goes on to speak of the importance of this undertaking, which will be sufficiently obvious to our readers.

We draw attention to this matter in the hope that some interest may be awakened with regard to it, in the minds of our professional brethren in this country. Of course we do not expect that any such project would find favor in the eyes of the gentry of our City Hospital, whose anxiety has ever been manifested with respect not to the publication, but the concealment of all their doings, and who would assuredly regard the institution of such inquiries as those under consideration, as the herald of 'a deep-laid conspiracy against their peace and reputation.' Albeit, the time is coming, sooner, mayhap, than they wot, which will 'reveal the secrets' of their 'prison-house.' But deeply convinced of the vast importance to medical science of a well-arranged and comprehensive scheme for the collection of accurate vital statistics, we would beg very emphatically to direct to this subject, the attention of practitioners throughout this great region of the habitable globe. Were the members of the profession in our principal cities to furnish periodical reports of the number of patients under their care, and the nature and results of every case, they would render contributions to the cause of medical science, whose value would be universally appreciated. We have more to say on this interesting subject, but must at present rest satisfied with its introduction to our readers, and in the mean time will gladly receive any communications expressive of the views of our brethren respecting the manner in which the undertaking we have suggested could be efficiently carried out.

We add this week another, and, we think, no unimportant feature to our journal. We mean the department which we have appropriated to general science in its bearings on medicine. Hereafter we will thus continue to devote a portion of our space to the publication of interesting papers on subjects connected with Natural History, Chemistry, Botany, and the Collateral Sciences. The 'American Repertory'—a journal conducted with great talent by Professor Mapes, of this city,—has, we are sorry to say, recently ceased to exist, and we are enabled to say that the transactions of the 'New York Lyceum of Natural History,' heretofore published in it, will be placed at our disposal. The numerous institutions of a similar character in this country, will also receive a due share of our attention.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School.

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, April 4.

Several very interesting cases were presented, but did not call for extended notice in this place. Dr. Parker operated on a case of complicated hare-lip.

Dr. Bulkley exhibited a case of *Psoriasis palmaris*, a very obstinate form of squamous disease affecting the palms of the hands—in the present instance, it had lasted for a year, with occasional periods of improvement. It may be relieved, and even sometimes temporarily cured, by local means only, but Dr. B. prefers the use of constitutional remedies, at the same time; and of these he most frequently employs small doses of muriate of mercury, either in a bitter tincture, or with some preparation of sarsaparilla. A great variety of local applications are recommended for this affection, and sometimes it is necessary to use several in succession before producing much effect. The one which Dr. B. prefers is the deuto-iodide of mercury (the *red* iodide) in the form of ointment, of the strength of twelve to twenty grains to the ounce of lard. The frequent use of emollient poultices, or bathing the hands in emollient decoctions, assists the cure materially.

Dr. Bulkley then announced his intention of establishing a *Clinique* for cases of cutaneous disease, in connection with the course of lectures on 'Diseases of the Skin,' which he is about commencing at the College, and to occupy the hour from 10 to 11 A. M. every Monday for this purpose, beginning on Monday next. He expressed a hope that such a plan, if successfully executed, would be of service to the profession as well as to students, and asked the co-operation of his fellow practitioners in the furtherance of his object. Dr. B. wished it distinctly understood, that it was not his desire to prescribe for any of the patients who might be thus sent, unless by the particular request of the physician who should send them; but that it would always afford him pleasure to do so, when thus requested.

This announcement was received with evident satisfaction, as it deserved to be, and we congratulate the students on the important addition to their means of profitable instruction which Dr. Bulkley's lectures and *Clinique* will furnish.

Surgical Clinique of the Stuyvesant Institute Medical School.

UNDER THE MANAGEMENT OF

Professor Pattison.

Saturday, April 2.

This *Clinique* was very poor attended, the superior advantages offered at Crosby street attracting the students from this establishment.

Dr. Mott has generously retired from the field for the charitable purpose of giving his friend and colleague, Dr. Pattison, an opportunity of retrieving the fortunes of the school and extending his own brilliant reputation.

Dr. Pattison operated last Saturday on a case of strabismus, and prescribed for a few unimportant cases.

As soon as Dr. P. commences his clinical lectures, we will report them as fully as they may deserve.

Stone in the Female Bladder.--Dilatation of the Urethra.

May 4, 1841. Elizabeth Barnes, six years and a half old, of a wan and anxious countenance, with an emaciated body, has been afflicted for the last two years with a frequent desire to pass her urine; to accomplish which she is obliged, after having seated herself upon the utensil, to throw herself forward until her head nearly touches the ground, and at the same time she takes hold of the anterior part of the nymphæ, which is very much elongated by her pulling it in this position; after making many painful efforts, she passes a little urine, accompanied with a great deal of irritation of the rectum, and a discharge of fæces mixed with mucus and blood. To such an extent is the rectum sympathetically affected, that one medical man, supposing that some foreign body, such as a pin, had lodged in the bowel, had ordered leeches to the fundament, &c. On testing the urine with litmus paper, it was found slightly acid, but not more so, I think, than is usually the state of this fluid in health. On passing an instrument into the bladder, I distinctly felt a stone. My talented friend, Mr. March, of Barnstaple, was kind enough to see the case with me, when we decided on removing it by dilatation. For this purpose Mr. March kindly lent me an instrument very ingeniously contrived by himself, and well adapted for the case. I had great trouble and difficulty in accomplishing my object, as the little patient was always very refractory, and could not be kept still for an instant; but having passed the instrument about seven or eight times in the course of ten days, I was enabled to take away the stone with a pair of lithotomy-forceps. It weighed six drachms and forty grains, and measured in circumference four inches and a quarter by three and three-quarters. She was ordered a dose of opium, which was to be repeated, if necessary, in a few hours.

14. Has had a tolerable quiet night, but complains of pain in the abdomen. On pressing near the right groin great pain is produced. The pulse is 160, full and firm, but she is evidently greatly excited by my presence. There is profuse perspiration, with great heat of the body; complains of thirst; complete incontinence of urine, but she does not complain of any pain in the urethra. She was bled to eight ounces, which made her faint, and she said the pain was almost gone from her belly. The blood was very much buffed. Ordered a laxative of compound jalap powder immediately, to be followed by

℞ Calomel, gr. j;
Tartarised antimony, gr. $\frac{1}{8}$.
M. To be taken every three hours.

15. Better; has had a quiet night, but there is still some pain on pressure near the left groin; pulse 125; can retain a little water. Continue the medicines every four hours; twelve leeches to be applied to the affected part.

16. Still some tenderness in the abdomen; pulse 108. Continue medicines; apply a hot poultice of bran to the abdomen.

17. Better; pain in abdomen gone; pulse 90. Omit medicines.

She gradually recovered, and had regained perfect command over her bladder in less than a month by day, but at night there was, when I saw her about six weeks since, still incontinence of water, unless she was awoke up at a certain period during the night, or it was prevented by abstinence from any liquid for a few hours previously to retiring to rest. Stone in the bladder, I believe, is a very rare affection in this part of Devonshire.—*London Lancet.*

An Account of a Case of Extensive Disease of the Pancreas.

BY JAMES ARTHUR WILSON, M. D.

Alexander Tait, a gentleman's servant, aged 41, of intemperate habits, unhealthy complexion, and distressed countenance, complained of constant pain in the epigastrium, sometimes heightened to agony. He described it as 'a pulling together of the pit of the stomach;' which he felt most when recumbent, and after food; and which was often accompanied by headache and giddiness. His pulse was regular, its beats 65 in the minute. In a month from this patient's admission into St. George's Hospital, and after an unusually long intermission, the pain suddenly and violently returned. Shivering succeeded; maniacal delirium, and death.

After-death Appearances.—A considerable layer of fat over the muscles of the abdomen. Pericardium unusually adherent to the heart, which was otherwise healthy. Lungs healthy. Brain softer than usual, and more vascular in its medullary substance. Some serous fluid on the arachnoid; very little in the ventricles. Stomach healthy. Spleen in a very soft state. Kidneys healthy.

The President said, that the case which had been read was extremely rare and valuable: the symptoms marking it had been pain, vomiting, and severe headache, which were exactly those which he had observed lately in a patient who died from fungus hæmatodes of the pancreas. The pain and vomiting were easily accounted for; and the headache he had attributed to the great emaciation of the patient, and to the sympathy existing between the stomach and the brain. Dr. Wilson had attributed to the pancreas the office of merely diluting the bile; and, perhaps, this might be the fact, but it was not proved by the present case, because, although some calcareous matter was found in the duct, it did not follow that the secretions of the pancreas were entirely suspended, or incapable of permeating the mass: neither did it appear that the patient had suffered from any such affections of the bowels, as made a prominent feature in the case. The concretions, nevertheless, found in this case being similar to those found in the salivary ducts, seemed to point to the fact of the pancreas and salivary glands having a similar office, and was another instance of the truth of the physiological opinions at present entertained respecting the uses of that viscus.

Mr. Ancell thought that there was so much contradiction in the physiological facts advanced with reference to the office of the pancreas, that no conclusion could be drawn from them. Thus, even as to the chemical composition of the pancreatic fluid, the German physiologists asserted that it was alkaline, while the French contended that it was acid. As great a contrast also existed as to the quantity of fluid secreted by the gland: for while Magendie had stated that it secreted only one drop of fluid in the half hour, other writers had said that the quantity secreted in that period was half an ounce. The pathology of the pancreas threw no further light on the subject, for there were no general facts to go upon. Thus, as a symptom of disease of this organ vomiting was mentioned as generally present; and one author had gone so far as to say, that if a patient suffered from vomiting and emaciation, without any other symptoms being present, he should consider that the pancreas was diseased. But how did this statement hold good when tested by facts? Why, out of twenty-six cases of disease of the pancreas recorded by Dr. Abercrombie, there was not one urgent symptom in most of the cases to warrant the diagnosis that the pancreas was diseased. In many cases vomiting was present; in others there was only pain; in some there was pain and vomiting also. Vomiting, however, might be a mere accidental symptom, and be dependent on the involvement of the stomach in the disease. He thought, indeed, we had no fact which would lead us to determine that the pancreatic fluid was of any direct service in the process of digestion. He had no doubt, however, the organ had an important office to perform, and he thought its function had a direct effect on the blood itself.

Dr. Henry Lee had seen a case in which the chief symptoms were pain in the epigastrium and back, with emaciation and occasional vomiting: the patient was a long time ill, and at last died. After death the stomach was found to be perforated at its posterior part by the head of the pancreas, which had become enlarged, and produced ulceration by pressure on the stomach. The edges of the ulcer were read, and the structure of the pancreas was lobular.—*London Lancet.*

Complete Obliteration of the Aorta.

A superior officer in the Austrian army, of great merit, and who had been engaged in the wars from 1790 till 1815, had lived well and in good health till his forty-fifth year. He retired to Mentz, where he lived in repose. At this epoch he complained frequently of dyspnœa and gastralgia, but he did not seek advice till he had experienced several attacks of impediment to his breathing, and when his stomach refused every species of nourishment. It was treated in vain during a year by homœopathy. Violent palpitations succeeded, accompanied with œdema of the extremities. The prolonged use of bismuth, joined with digitalis, diminished in a degree the vomiting and dyspœna; but there always remained a disturbance in the action of the pulse, the beats were rapid and tremulous though full. Towards the end of his life, hoarseness and a dry cough supervened. Finally, in his fiftieth year, the patient died suddenly in the midst of a game of whist.

Autopsia.—A remarkable softening of the brain existed, the encephalic vessels were nearly exsangueous, and the basilar artery was ossified. At the base of the cranium four ounce of serum were collected. The heart was hypertrophied; the valves sound. The arch of the aorta, as far as the origin of the arteria innominata, was dilated to nearly double its normal calibre. The subclavian and left carotid were not dilated preternaturally. The coronary arteries were ossified for two or three inches. Beyond the origin of the innominata the arch of the aorta gradually contracted the point where the venous canal terminates, and where its diameter did not exceed half an inch. Here the obliteration of the aorta began, and continued to the extent of half an inch. The pectoral and abdominal portions of the aorta were not larger than in a child of ten years old. The parietes of these arteries were manifestly thickened. The intercostal arteries which arose below the obliteration, had a diameter of nearly a quarter of an inch, and communicated freely with the mammary and thoracic arteries. By this means the collateral circulation was kept up. The pulmonary arteries were dilated.—*Medicinische Jahrbuch.*

Effusion of Blood under the Mucous Membrane of the Uvula, removed by incision.

Dr. Pauli, of Laudan, publishes three cases of this occurrences.

A man, thirty years old, enjoying good health, was taken whilst eating fish with a slight pain in the back of the throat, which he ascribed to the pricking of a fish-bone. A few minutes afterwards he suddenly lost his voice; a slight dyspnœa and difficulty of deglutition came on. The medical man observed that there existed on the uvula a small tumor of the size of a nut, of a bluish-red, which he recognized immediately as an extravasation of blood under the mucous membrane. It is probable that in this case the fish-bone had wounded a vessel of the velum, and that the blood gravitated into the uvula. M. Pauli opened this tumor, a little blood escaped, and the patient recovered his voice, and all the symptoms went away.

The second case was that of a healthy man, thirty-five years old. The patient attributed the symptoms which had occurred to the passage into the pharynx of the bone of a frog which he had been eating. The tumor was larger and the dyspnœa more severe than in the previous case. The incision produced a flow of blood, but not the immediate disappearance of all the inconveniences.

The woman who was the subject of the third case, was suddenly seized with aphonia after swallowing a hard crust of bread. She believed, like the two other patients, that this effect was due to apoplexy. This aphonia was preceded by an acute pain in the pharynx. M. Pauli recognized the tumor of the velum pendulum. A little incision removed all annoyance.

In general the incision of these little sanguineous tumors of the uvula suffices. A small incision endangers relapse when the vessel wounded continues to bleed, so that it becomes necessary to cut again. Furthermore, the incision and excision is scarcely painful, and the mucous membrane is quickly restored.

These cases had some circumstances in common. 1. They all believed themselves attacked with apoplexy. 2. They all lost the voice, and the respiration was difficult. They were calm and wrote intelligently all that occurred to them. 3. All these effects were produced by a mechanical cause. 4. The three patients were easily relieved. Their cure would probably have occurred spontaneously, either by a cough or by vomiting, and the tumor would have been torn and finally absorbed or removed by suppuration.—*Haeser's Repertorium*, Theil 11, No. 6.

On the Propagation of the Variolæ Vaccinæ by Crusts from the Cow.

BY JOHN BARON, M. D., F. R. S., CHELTENHAM.

[The propagation of the vaccine disease from the crusts has been attempted in India and other countries, but not with much success in England. The crusts, however, may be found to contain the virus in a state of purity, as may be seen by the following case of Dr. Baron.]

On the 7th of this month my friend Mr. Coles informed me that he had heard of the existence of the variolæ vaccinæ at a farm a short distance from this place. The following morning we visited the cows. Only one had been afflicted by the complaint. The teats were covered with the remains of the disease, but not a single vesicle existed from which lymph could be taken. Under these circumstances I recommended Mr. Coles to collect a few crusts. This was done, and on the 10th of this month he triturated two of them with pure cold water, having previously separated the margin and outer layers of each crust, and with the fluid thus obtained he inoculated six children, with three punctures on each arm. Out of these thirty-six punctures only one took effect. The vesicle formed in this instance was rather small, but very perfect in its form and character; so much so that no hesitation was felt about the propriety of attempting to propagate the disease from it. Mr. Coles accordingly used it on *two* children on the 17th, and *one* on the 19th, all of which succeeded. From one of these patients, vaccinated on the 17th, he vaccinated four on the 24th; and from that vaccinated on the 19th, he charged about forty points on the 26th. All the vesicles were fine and perfect, with the exception of those on one of the children vaccinated on the 17th. The deviation in this instance clearly arose from the co-existence of an affection of the skin, which manifested itself the day after the lymph was inserted, and so completely altered the character of the vesicle, as to render it unfit for use. I am the more induced to dwell for a moment upon this latter event, as I have reason to know that the evils arising from inattention to deviations of this kind, are not sufficiently regarded by gentlemen employed by the Guardians in vaccinating the poor. I myself, at least, have had communications from two Unions on this very point. It cannot, therefore, be too strongly stated, that persons vaccinated under such circumstances, ought not to be considered as secure from the subsequent attacks of small-pox. —*London Medical Gazette.*

FROM THE LOND. MED. GAZETTE.

Fatal Effects of Tight Lacing--Pyrosis, with alteration in the position of the stomach.

BY DR. GOLDING BIRD.

Dec. 29, 1840.—I saw, in consultation with my friend Dr. Hopkins, Miss S——, æt. 29, a lady highly educated and of remarkably cultivated taste: she had been under the care of Dr. Hopkins occasionally for the last three years, for pyrosis, remarkable chiefly for the very large quantity of fluid ejected from the stomach. To this she had been subject, more or less, and at irregular intervals, during the last six years, at which period the affection insidiously appeared. In general, the vomiting yielded to the remedial measures adopted. For some weeks prior to my seeing her, this lady had labored under almost constant pyrosis, complete loss of appetite, amounting to horror at the sight of food and rapid emaciation. The latter was partly accounted for by the existence of tubercular disease in both lungs: she had lost two sisters with phthisis during the last two years.

On my visit, she was lying on her right side, emaciated apparently to the utmost; surface dry and very harsh to the touch, eyes lustrous, face pale, except at the upper part of the cheeks and nose, which appeared very red; in fact, she presented, in a remarkable manner, the aspect of a diabetic patient. Her expression and conversation was exceedingly cheerful. She had vomited, by repeated gushes, three pints of colorless fluid during the night; this I found to possess a specific gravity of 1·0209, and to be neutral: its behavior towards re-agents is shown in the last column in the table. Urine rather copious and pale, of very low specific gravity. On examining the abdomen, the aorta was seen beating violently, and the hand so readily grasped the lumbar vertebræ, from the extreme emaciation and empty state of the intestines, as to give rise, at the first moment, to an impression that a tumor had been laid hold of. No tenderness on pressure over the stomach. Tongue red, papillæ prominent, lips vividly red, voice hoarse: she denies all cough or expectoration. She complained of occasional difficulty of breathing, most marked in the attempts made to swallow food: during the last three weeks emaciation has been exceedingly rapid from almost complete starvation, no food of any kind having passed her lips except some jelly made from ivory-shavings, and that in the minutest quantity. The sense of taste has become so morbidly sensible as to prevent her touching any food possessing the slightest flavor; hence she has not been able to take anything except the totally insipid jelly alluded to. Almost constant eructations of a nearly insipid and rather glairy fluid are present. Pulse extremely rapid and threadlike. Whenever an attempt is made to swallow a morsel of solid food, vomiting instantly occurs. The menstruation was regular, but painful, until three months ago, when it ceased. Bowels open scantily about once in five or six days. Before this ailment the patient had been remarkably stout, and enjoyed robust health.

We agreed to try the effect of Oxide of Silver in grain doses, with Ext. Belladonnæ, and to support the powers of life with beef-tea enemata.

Jan. 5, 1841.—I again saw her with Dr. Hopkins: she was much more emaciated than at my former visit, and now complained of excessive dysphagia, independent of the complete detestation of food: her spirits were remarkably buoyant. The beef-tea enemata had at first returned, but after the addition of a little syrup of poppies they were retained for six or eight hours, and then generally returned mixed with a little fæculent matter. No food had been taken, except a small quantity of ivory jelly, with a little soda water and milk. I saw in a basin between five and six pints of colorless glairy neutral fluid, which she had vomited during the preceding night: a small quantity of arterial coloring matter of blood formed a brown deposit in the basin containing it, and floating in the fluid were some large flocculi resembling false membrane, which had been ejected a few hours before, after an almost strangling fit of vomiting. No pain on pressure about the throat, or on any part of the abdomen. The day preceding my visit she had vomited several large black coagula of blood for the first time.

7th.—Rapidly sinking; gushes of fluid nearly disappeared; no return of hæmorrhage; spirits now completely depressed; and in a short time she expired.

Post-mortem examination, forty-eight hours after death.—Dr. Hopkins, Dr. Boisragon, and Mr. J. W. Griffith, were present at the examination.

The weather had been intensely cold, and the body, which presented the most perfect specimen of emaciation I had ever seen, had undergone no change.

Chest.—Lungs on each side universally adherent to the chest, and studded with tubercles; several small vomicæ existed in each; larynx healthy, except a small circumscribed ulcer between the arytenoid cartilages; heart healthy. *Abdomen.*—The stomach completely empty, and of enormous size, first presented itself, its position being curiously altered: the lesser curvature, instead of being placed transversely, descended vertically nearly as far as the pubes, where the pyloric end of the stomach turned abruptly upwards to terminate in the duodenum; the greater curvature of the stomach was partly concealed by the spleen, and below this presented a slightly curved margin descending to the lower part of the abdomen. The position of this stomach, which would have held at least four or five pints of fluid, was such that if food had been swallowed, it must have fallen directly to the pyloric end, unless grasped by the organ in its descent. On opening the stomach a blush of injection about the pylorus was found, but elsewhere the mucous surface was pale, and presented no disease. The liver was gorged, and reached across the abdomen as far as the spleen, on which it rested; the intestines were pale and empty: no other disease was met with in the other abdominal viscera.

On removing the stomach with the œsophagus and pharynx, and slitting them up from the cardiac extremity, the whole tube was found denuded of epithelium to within half an inch of the stomach, where excessive congestion and some spots of ecchymosis were met with. The muscular coat of the œsophagus was very considerably hypertrophied. The whole length of the tube was studded with ulcers varying in size from a split-pea to a four-penny piece, and penetrating to the muscular coat: some of these ulcers extended into the pharynx; its mucous lining was, however, exceedingly injected. A preparation has been made of the œsophagus, which is placed in the Museum of Guy's Hospital.

In this very interesting case, a question arises as to the necessary connection between the ulceration of the œsophagus and the pyrosis, and how far the latter depended upon, or was produced by, the peculiar position of the stomach. I have met with two other cases of œsophagal disease, attended with pyrosis; in one of these, ulceration, and in the other, stricture existed. Shortly after the above case occurred, a patient, who had been the subject of insuperable vomiting, died in Guy's Hospital, and on examining the body the stomach was found very much enlarged, and descending nearly vertically to the ilium. On the other hand this very state of stomach has been described by M. Louis as 'peculiar to phthisis,' and out of 96 observations the stomach in nine was twice or thrice its natural volume, and in six its great curve was on a level with the crest of the ilium; and in this state of stomach this distinguished physician has always met with an enlarged liver, overlapping, more or less, the anterior surface of the organ. So that it is extremely difficult to decide whether the enlarged stomach was induced by the phthisical disease, or by the vomiting, or how far the ulceration of the œsophagus was connected with, or depended upon, either. One circumstance of great interest, however, is proved by the case under consideration—that the vomited fluid never assumed the physical appearance, or chemical characters of that ejected in organic mischief of the pylorus, notwithstanding the existence of ulcerative disease to within a fraction of an inch of the stomach. To this I shall have occasion to advert in the next paper.

I may remark, that the lady whose case has formed the subject of these reflections, was guilty for many years of tight-lacing: it might be a curious question to inquire how far the alteration in the position of the stomach was owing to this habit; hence inducing morbid irritability of the organ, and consequent pyrosis.

Use of Injections in Gonorrhœa.

[Under the head of 'Abortive Treatment' in Mr. Acton's valuable work on Syphilis, he makes the following excellent remarks on the injections which are found most successful in Gonorrhœa :—]

At the commencement of a discharge from the urethra, and previous to any redness around the orifice, or pain felt in making water, the surgeon will frequently be able, at once, to cut short the affection and cure his patient; and under other circumstances this plan will not avail. It consists, in addition to the general means spoken of under the head of abortive(?) treatment of blenorrhagia, in employing, during the succeeding forty-eight hours, twelve injections of nitrate of silver at regular intervals: the strength of the solution of the salt should be two grains to the ℥viii. of distilled water. Let the injections be then left off, and cubebs or copaiba be given in the doses above spoken of. If the case be recent, and the disease not too far advanced, this treatment will succeed, fifty times in a hundred cases, in checking the disease; and there is no fear of occasioning stricture or swelled testicle at this period of the complaint. Under this treatment the running will at once cease; but to complete the cure, it will be necessary to continue the cubebs, diminishing gradually the dose. No further recourse should be had to injections, as a continuance in their use would only tend to keep up irritation; at the end of fifteen days the surgeon may allow his patient to resume his usual habits.

The Direct Treatment consists in the employment of injections. Of all those I have seen employed, no doubt exists in my mind that by far the greatest benefit is derived from the nitrate of silver. The strength of the solution should be two grains to eight ounces of distilled water. To employ this properly, the following directions should be attended to: during the forty-eight successive hours, twelve injections should be thus used; let the patient place himself on the edge of a bed or chair, and having previously charged a glass syringe with the solution of nitrate of silver, let him hold it perpendicularly, introducing it perfectly parallel with the urethra; if he now gently push on the injection, the fluid will easily enter the urethra, and came in contact with every portion of the canal: no pressure is required on the perineum, as the force employed is not likely to push the fluid far into the canal. As to its reaching the bladder, and the danger that attends it, I can assure my readers this is chimerical, as any one must be convinced who has ever attempted to inject the bladder; to effect that, a catheter must be employed, and a strong syringe. Even supposing the solution to reach the bladder, the smallest quantity of urine will decompose the nitrate of silver. I have seen, purposely, not only injections, but the solid stick of nitrate of silver, introduced into the bladder without any ill consequences following.

A glass syringe is recommended; and we should be careful to tell the patient that a pewter instrument decomposes the salt, and renders it less efficacious. Should we inform him that the solution is one of those preparations which act on pewter, he would refuse to employ it on the score that if the solution acted on the metal, it would, as a necessary consequence, injure the urethra.

The liquid should be injected cold, and a common sized syringe, only half filled, will be sufficient, as the urethra does not hold more than that quantity.

Soon after the injections have been employed, there will appear a reddish looking discharge; this should not prevent the patient from continuing the twelve injections at intervals of four or five hours, notwithstanding any slight pain which may occur; a slightly purulent, rosy discharge is a very favorable sign, as it shows that the disease will rapidly yield.

We have dwelt at some length on the cases for which injections are suited, on the period, the strength, the manner of employing them, because we have the firm conviction that they have not been hitherto correctly appreciated: they have been either too freely praised, or too absolutely rejected, without sufficient trials.

Various other injections have been recommended; and Mr. Carmichael, particularly, some years ago, proposed another method, which differs materially from the one we have just spoken of. He advises that injections of nitrate of silver, containing ten grains to the ounce of water, should be used. He purposely caused an inflammation, to destroy the special catarrhal one, and stated that gonorrhœa might be cured by this means. He further treated the inflammation of the urethra, which he had occasioned by antiphlogistic means, and on the disappearance of the inflammation, he states both complaints were cured.

Mr. Ricord, in speaking of the merits of this treatment, says that such means will cure a great number of cases; but the surgeon plays a game of double or quits: if the disease be not cured, its violence is increased in a relative proportion, which is not unattended with danger; hence, he has long since desisted from employing injection in the acute cases of gonorrhœa.

With respect to the method of employing injections, we can personally speak of their great advantage, having seen them employed in a great number of cases during the last three years, and *in no one case* have we seen either stricture or swelled testicle follow their employment in the treatment of the affection at its commencement.—*Dublin Journal of Medical Science.*

THE COLLATERAL SCIENCES.

"On Fibre."

BY MARTIN BARRY, M. D., F. R.SS. LOND. AND EDIN.

[At meetings of the Royal Society of London, on Dec. 16, 1841, and Jan. 6, 1842, a paper 'on Fibre' was read by Dr. Martin Barry, of which we present our readers with the following analysis :—Ed. L.]

The author observes, that, in the mature blood-corpuscle, there is often seen a flat filament, already formed within the corpuscle. In Mammalia, including Man, this filament is frequently annular; sometimes the ring is divided at a certain part, and sometimes one extremity overlaps the other. This is still more the case in Birds, Amphibia, and Fishes, in which the filament is of such length as to constitute a coil. This filament is formed of the discs contained within the blood-corpuscle. In Mammals, the discs entering into its formation are so few as to form a single ring: and hence the biconcave form of the corpuscle in this class, and the frequent annular form of the filament it produces. In the other Vertebrata, the discs contained within the blood-corpuscle are too numerous for a single ring; and they consequently form a coil. At the outer part of this coil, the filament, already stated to be flat, often presents its edge; whence there arises a greater thickness of the corpuscle, and an appearance of being cut off abruptly at this part; while in the centre there is generally found the unappropriated portion of a nucleus; and hence the central eminence, surrounded by a depression, in those corpuscles which, from the above-mentioned cause, have the edge thickened. The nucleus of the blood-corpuscle in some instances resembles a ball of twine; being actually composed, at its outer part, of a coiled filament. In such of the invertebrata as the author has examined, the blood-corpuscle is likewise seen passing into a coil.

The filament, thus formed within the blood-corpuscle, has a remarkable structure; for it is not only flat, but deeply grooved on both surfaces, and consequently thinner in the middle than at the edges, which are rounded; so that the filament, when seen edgewise, appears at first sight to consist of segments. The line separating the apparent segments from one another is, however, not directly transverse, but oblique.

Portions of the clot in blood sometimes consist of filaments having a structure identical with that of the filament formed within the blood-corpuscle. The ring formed in the blood-corpuscle of Man, and the coil formed in that of Birds and Reptiles, have been seen by the author unwinding themselves into the straight and often parallel filaments of the clot; changes which may be also seen occurring in blood placed under the microscope before its coagulation; and similar coils may be perceived scattered over the field of view, the coils here also appearing to be altered blood-corpuscles, in the act of unwinding themselves; filaments, having the same structure as the foregoing, are to be met with apparently in every tissue of the body. The author enumerates a great variety of organs in which he has observed the same kind of filaments.

Among vegetable structures, he subjected to microscopic examination the root, stem, leaf-stalk, and leaf, besides the several parts of the flower: and in no instance of phanerogamous plants, where a fibrous tissue exists, did he fail to find filaments of the same kind. On subsequently examining portions indiscriminately taken from ferns, mosses, fungi, lichens, and several of the marine algæ, he met with an equally general distribution of the same kind of filaments. The flat filament seen by the author in all these structures, of both animals and plants, he states to be that usually denominated a *fibre*. Its appearance is precisely such as that of the filament formed within the corpuscle of the blood. It is known, he remarks, that discoid corpuscles circulate in plants; and it remains to be seen whether or not filaments are formed also in these.

By gradually tracing the fibre or filament above-mentioned into similar objects of larger size, the author endeavors to show that it is not possible to draw a line of separation between the minutest filament, and an object being to all appearance composed of two spirals running in opposite directions, and interlacing at certain regular intervals; an arrangement which produces in the entire object a flattened form, and gives it a grooved appearance. It is, in fact, the structure which, for want of a better term, he has called a *flat filament*. The edge of this filament presents what, at first sight, seem like segments, but which, in reality, are the consecutive curves of a spiral thread. A transverse section of such an object is rudely represented by the figure 8. This is also precisely the appearance presented by the minutes filament, generally termed *Fibre:* and the author particularly refers to the oblique direction of the line separating the apparent segments into the smaller filament, in connection with the oblique direction of the spaces between the curves of the spiral threads in the larger one.

The spiral form, which has heretofore seemed wanting, or nearly so, in animal tissues, is then shown to be as general in animals as in plants. Nervous tissue, muscle, minute blood-vessels, and the crystalline lens, afford instances in proof of this. And if the author's view of identity in structure between the larger and the smaller filaments be correct, it follows that spirals are much more general in plants themselves than has been hitherto supposed; spirals would thus appear, in fact, to be as universal as a fibrous structure.

The tendency to the spiral form manifests itself very early. Of this the most important instance is afforded by the corpuscle of the blood, as above described. The author has also obtained an interesting proof of it in cartilage from the ear of a rabbit; where the nucleus, lying loose in its cell, resembled a ball of twine, being composed at its outer part of a coiled filament, which it was giving off to weave the cell-wall;—this cell-wall being no other than the last-formed portion of what is termed the intercellular substance—the essential part of cartilage. The nuclei in cartilage, as well as those in other tissues, there is ground for believing to be descended, by fissiparous generation, from the nuclei of blood-corpuscles.

The author then describes the mode of origin of the flat filament or fibre, and its reproduction in various animal and vegetable tissues, which he enumerates. He conceives that each filament is a compound body which enlarges, and, from analogy, may contain the elements of future structures, formed by division and subdivision, to which no limits can be assigned.

He then traces the formation of muscle out of cells, which, according to his observations, are derived from corpuscles of the blood, to the state where there exists what is denominated the *fibril*. In this process, there are to be observed the formation of a second order of tubes within the original tube; a peculiarly regular arrangement of discs within these second tubes; the formation, first of rings and then of spirals, out of discs so arranged; the interlacing of the spirals; and the origin, in the space circumscribed by these, of spirals having a minuter size; which in their turn surround others still more minute; and so on. The outer spirals enter for the most part into the formation of the investing membrane discovered by Schwann, but for the only complete description, in a formed state, we are indebted to Mr. Bowman. The inner spirals constitute what are denominated the *fibrillæ*. The fibril appears to the author to be no other than a state of the object which he designates a *flat filament;* and which, as he shows, is a compound structure. The fibril he finds to be, not round and beaded, as it has been supposed, but a flat and grooved filament; the description above given of the structure of the filament being especially applicable here. This flat filament is so situated in the fasciculus of voluntary muscle, as to present its edge to the observer. It seems to have been the appearance presented by the edge of this filament, that is to say, by the curves of a spiral thread, that suggested the idea of longitudinal bead-like enlargements of the fibril, as producing striæ in the fasciculus of voluntary muscle. In the author's opinion, the dark longitudinal striæ are spaces (probably occupied by a lubricating fluid) between the edges of flat filaments, each filament being composed of two spiral threads, and the dark transverse striæ, rows of spaces between the curves of these spiral threads. The filament now mentioned, or its edge, seems to correspond to the *primitive marked thread* or *cylinder* of Fontana—to the *primitive fibre* of Valentin and Schwann—to the *marked filament* of Skey—to the *elementary fibre* of Mandl—to the *beaded fibril* of Schwann, Müller, Lauth, and Bowman—and to the *granular fibre* of Gerber. The changes known to be produced by the alternate shortening and lengthening of a single spiral are exhibited in the microscope by a fasciculus of spirals, not only in its length and thickness, but in the width of the spaces (*striæ*) between the curves of the spirals. And a muscle being no other than a vast bundle of spirals, it is in contraction short and thick; while in relaxation it is long and thin; and thus there occurs no flattening of bead-like segments in contraction. The author has found no segments that could undergo this change. These observations on the form of the ultimate threads in voluntary muscle, were first made on the larva of a Batrachian reptile; and have been confirmed by an examination of this structure in each class of vertebrated animals, as well as in the Crustacea, Mollusca, Annelida, and Insects.

He finds that the toothed fibre, discovered by Sir David Brewster in the crystalline lens, is formed out of an enlarged filament; the projecting portions of the spiral threads in the filament, that is, the apparent segments, becoming the teeth of that fibre.

The compound filaments are seen with peculiar distinctness in the blood-vessels of the arachnoid membrane. In connection with the spiral direction of the outer filament in these vessels, the author refers to the rouleaux in which the red blood-discs are seen to arrange themselves, in the microscope, as probably indicating a tendency to produce spiral filaments. To form rouleaux, corpuscle joins itself to corpuscle, that is to say, ring to ring; and rings pass into coils. The union of such coils, end to end, would form a spiral. But the formation by the blood-corpuscles of these rouleaux is interesting in connection with some facts recorded by the author in a former memoir; namely, that many structures, including blood-vessels, have their origin in rows of cells derived from corpuscles of the blood. The human spermatozoon presented a disc with a pellucid depression, each of the two sides of the peripheral portion of which was extended into a thread; these two threads forming by being twisted the part usually designated as the tail. The occurrence of two tails, observed by Wagner, is accounted for by the author by the untwisting of these threads.

The author has noticed very curious resemblances in mould, arising from the decay of organic matter, to early stages in the formation of the most elaborate animal tissues, more particularly nerve and muscle. Flax has afforded satisfactory evidence of identity, not only in structure, but in the mode of reproduction, between animal and vegetable fibre.

Valentin had previously stated that in plants all secondary deposits take place in spiral lines. In the internal structure of animals, spirals have heretofore seemed to be wanting, or very nearly so. Should the facts recorded in this memoir, however, be established by the researches of other investigators, the author thinks the question in future may perhaps be, where is the 'secondary deposit' in animal structure, which is not connected with the spiral form? The spiral in animals, as he conceives he has shown, is in strictness not a secondary formation, but the most primary of all; and the question now is, whether it is not precisely so in plants.

In a postscript the author observes, that there are states of voluntary muscle in which the longitudinal filaments ('fibrillæ') have no concern in the production of the transverse striæ; these striæ being occasioned by the windings of spirals, within which very minute bundles of longitudinal filaments are contained and have their origin. The spirals are interlaced. When mature, they are flat and grooved filaments, having the compound structure above described. With the shortening of the longitudinal filaments ('fibrillæ') in muscular contraction, the surrounding spirals, and of course the striæ, become elongated and narrow; while in relaxation these changes are reversed.[*]

Neurohypnology.

This is but another name for Mesmerism, on which a lecture was recently delivered in London by a Mr. Braid. In the introductory part of his discourse, Mr. Braid assigned, as his reason for adopting the novel title of Neurohypnology, that the system is altogether founded upon nervous action, consequent upon a peculiar state of the brain and spinal column. To produce the sort of cataleptic condition in which the patient is said to be mesmerised, Mr. Braid asserts that it is only necessary that the attention should be fixed upon some particular object, and confined strictly to it. That the powers of the brain become wearied with the object upon which the mind is compelled to dwell for a short space, and that the optic nerve becoming similarly tired by the fixing of the eyes in an upward squint, or by merely setting them unmovedly upon any object above the head, produces additional weariness,

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[* We learn that the author has satisfactorily demonstrated to Professor Owen and others, since the reading of the above paper, the facts described in it.—Ed.]

and finally partial congestion of the brain. The patient then becomes at first so sensitive that the slightest touch is painful, and the least noise intolerable. In fact, Mr. Braid asserts that the powers of all the senses are increased twelve-fold. As the effect proceeds, the senses become diminished, while the pulse increases until total insensibility, accompanied by a pulse so rapid that it can scarcely be counted, is produced. The system, as explained by the lecturer, differs in no respect from Mesmerism, except that he does not pretend to have any special power over his patients in the production of the cataleptic state. The experiments which were tried were upon a maid-servant of the operator, and upon some deaf and dumb persons, whose partial cure was said to have been effected by Mesmerism. The woman, who was the first operated upon, was directed to fix her eyes upon the ceiling, and in twenty-two seconds the lids suddenly closed. She was then capable of being fixed in any position, however apparently uncomfortable or painful, and the rigidity of her limbs was perfectly unnatural. The experiment was precisely similar to the many mesmeric exhibitions which have been heretofore made, and the patient was submitted to the same tests of sticking pins in her flesh, applying snuff and ammonia to her nostrils, and compelling her to inhale them, which she did without exhibiting the least sensibility. Upon the production of the deaf and dumb subjects, a dispute arose between some medical gentlemen and Mr. Braid, as to the experiment of the ticking of a watch being truly and actually heard by a deaf person whose hearing had been partially obtained.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Health of the British Metropolis, 1841.

FROM THE LONDON LANCET.

From the summaries in the Lancet of the tables of mortality published by order of the Registrar General, it will be seen that the mortality from small-pox declined rapidly in the past year. The deaths from this disease were, nevertheless, 1053 in the metropolis,—605 having occurred in the first quarter, 252 in the second quarter, 128 in the third quarter, and only 68 in the fourth quarter. There is some reason to believe that the mortality would have gone on increasing, as it did in the previous epidemic, if active measures (in promoting which we have the pleasure of believing we had some share) had not been taken to extend vaccination. This will be best seen by comparing the course of the present with that of the previous epidemic of small-pox, in which the deaths from the disease rose to 1145 quarterly.

Measles increased as small-pox declined; from 158 in the first, to 408 in the last quarter of the year. The total deaths from measles were 973, and from scarlatina 663. The latter disease was nearly stationary; but on the whole much less fatal than it had been in either of the three preceding years, when it was epidemic in the metropolis.

Deaths from scarlatina in the metropolis :—

Years.	*Numbers.*	*Years.*	*Numbers.*
1838	1954	1840	1524
1839	2499	1841	663

The ravages of this disease have latterly, we learn, been most destructive in the manufacturing districts.

Hooping-cough was the prevailing epidemic among children, of whom it destroyed 2278 in the year. Within the last five years there have been two severe epidemics of hooping-cough; the first began apparently (we have no returns) in 1836. It proved fatal to 949 children in the severe winter of 1838, declined to 196 deaths in the summer of 1839, and has since risen to 634 deaths in the autumn of of 1841. The fatality of hooping-cough is evidently influenced by temperature.

Diarrhœa and enteritis (with gastritis), dysentery and cholera, were, as usual, most fatal in autumn. Within the last four years the mortality from this class of diseases has been slightly augmented. At one time we almost anticipated an eruption of cholera.

	1838.	1839.	1840.	1841.
Cholera	15	36	60	28
Dysentery	105	89	70	78
Diarrhœa	393	376	452	465
Enteritis, with gastritis	881	843	977	957
Total	1394	1344	1559	1528

Typhus destroyed the lives of 1151 persons. The mortality from this disease attained the minimum in the spring of 1841, when the deaths were 249; the epidemic was at its maximum in the winter of 1838, when 1285 deaths from typhus were registered. The deaths from it in four years were as follows :—

1838	4078	1840	1262
1839	1819	1841	1151

The deaths from hydrophobia were 12 in the first, 4 in the second, 1 in the third, and 3 in the last year. Whether the police or the Dog-Cart Act have had any thing to do with the decline of hydrophobia, we cannot say.

We shall finally compare the deaths from the class of epidemic diseases with the deaths from consumption, and the other affections of the respiratory organs.

	1838.	1839.	1840.	1841.
Epidemic, endemic, and contagious diseases	13799	9588	8361	7874
Consumption	7687	7104	7236	7326
Pneumonia, asthma, & other diseases of the respiratory organs	6601	6094	6649	6851
Deaths from all causes	52698	45441	46281	45284

It will be observed that notwithstanding an increase of more than 5 per cent. in the population, the mortality declined (and chiefly in the epidemic class) more than 16 per cent. within this brief period.

Mortality in London.

The deaths registered in London and its suburbs in the week ending the 19th ult., amounted to 907, of which number 453 were males and 454 females. The total number show a decrease of 135 compared with the deaths of the previous week; a decrease of five on the average weekly deaths in the four years of 1838, '9, '40 and '41, and a decrease of 110 on the four winters of the same years. The mean height of the barometer in the week was 30·355 inches, rain 070, mean dryness, 2·0; the highest temperature 53 degrees, lowest 33, daily mean 45. The wind was S. three days, W. two days, S. W. one day, and SS. E. one day.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending April 2, 1842.

40 Men, 49 Women, 60 Boys, 33 Girls. Total, 182.

DISEASES.

Apoplexy	1	Intemperance	0
Asthma	1	Inflammation	1
Asphyxia	1	Of liver	1
Abscess	2	Of bladder	0
Aneurism	0	Of brain	5
Bleeding	0	Of stomach	0
Bleeding from stomach	0	Of chest	13
Bleeding from lungs	1	Of lungs	16
Burned or scalded	0	Of bowels	8
Casualties	3	Of throat	0
Cholera infantum	1	Of womb	1
Cholera morbus	0	Jaundice	0
Cancer	1	Killed or murdered	0
Consumption	34	Locked-jaw	0
Convulsions	15	Lues Venera	0
Croup or hives	2	Mortification	0
Debility	0	Malformation	0
Delirium tremens	0	Marasmus	5
Diabetes	0	Measles	0
Diarrhœa	2	Old age	3
Death from poison	0	Organic disease of heart	0
Dropsy	1	Palsy	0
Dropsy in head	10	Rupture	0
Dropsy in the chest	1	Rheumatism	0
Drowned	2	Spinal disease	0
Dysentery	0	Suicide	0
Erysipelas	2	Sprue	1
Epilepsy	2	Small-pox	5
Fever	1	Scrofula	1
Scarlet	9	Teething	1
Typhoid	3	Tumor	0
Puerperal	3	Unknown	3
Remittent	0	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	0	Varioloid	1
Intermittent	0	Whooping cough	0
Hip Disease	0	Worms	0

AGES.

Of 1 year and under, 45; between 1 and 2, 19; 2 and 5, 18; 5 and 10, 5; 10 and 20, 11; 20 and 30, 22; 30 and 40, 25; 40 and 50, 14; 50 and 60, 10; 60 and 70, 6; 70 and 80, 5; 80 and 90, 1; 90 and 100, 1; 100 and upwards, 0; unknown, 3.

WILLIAM A. WALTERS, City Inspector.

City Inspector's Office, April 2, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, APRIL 16, 1842. No. 16.

LECTURES.

A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.
BY
JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture III.

Enlargement of the Heart—Various forms—Causes—Symptoms—Physical signs—Rational signs—General symptoms—Complications—Arterial and venous congestion.

GENTLEMEN:—

I propose to speak in this lecture of Enlargement of the Heart, and I use that phrase in a general sense, including in it all those cases in which the heart is found larger than natural. Enlargement of the heart may present itself in a variety of forms. In the first place it may be either general or partial, that is, the organ may be enlarged equally in all its parts, or the enlargement may be confined to a particular portion of the heart. Again, it takes place in a variety of ways. The muscular structure, for instance, may be enlarged, whilst the cavities retain their natural dimensions; and this may be called simple hypertrophy of the muscular fibre of the heart, which may be accompanied with increased firmness and redness of the organ, but without any further abnormal change. Again, we may have the walls thin, and an enlargement of the cavities; and this is termed simple dilatation. Here is a specimen of this change. [The preparation was handed round the class.] Again, there is a form of enlargement of the heart in which the muscular walls are thickened and the dimensions of the cavities diminished. I have never myself seen an example of this form of enlargement; but it is said that it has occasionally occurred, and is called the 'concentric hypertrophy of the heart.' There is some reason to doubt whether this ever exists as a state of disease. I remarked the other day, in speaking of the difference in size of the cavities of the right and left ventricles, that probably the explanation of this fact noticed after death is to be traced to the distension of the cavity of the former by the blood, and from some experiments by Cruveilhier, it would seem that this concentric hypertrophy may also be artificially produced in any animal. In the case of a criminal who had suffered death by the guillotine, Cruveilhier observed that the heart presented this appearance, and he explained it by supposing that the sudden taking off of the pressure of the blood by the division of the carotids, produced a sudden contraction of the heart, by which the muscular structure was thickened and the cavities reduced to almost nothing. This may happen in life; the power of the heart may continue so strong to the last moments of existence, that all the blood may be expelled from the cavities, and consequently this appearance be presented after death. This is probably the correct explanation of a change which is generally regarded as a form of disease. In all my numerous examinations, I have never seen this abnormal change. We have then three simple forms of enlargement, viz: hypertrophy, the enlargement of the muscular fibre—simple dilatation, enlargement of the cavity with thinning of the muscular fibre,—and we have, perhaps, the 'concentric hypertrophy,' thickening of the muscular structure at the expense of the cavities. But by far the most common of these abnormal changes is the thickening of the walls with dilatation of the cavities. [A preparation illustrative of this form of enlargement was handed round the class.] This state of things is in perfect accordance with what we meet with in other organs; for I may remark, by way of anticipation, that disease of the valves is the most frequent cause of enlargement of the heart, from the inordinate action of the organ which is thereby produced, just as you may notice in cases of stricture of the urethra; the patients cannot pass their urine freely, and the walls of the bladder become thickened, and the cavity itself dilated. In cancer of the pylorus the same thing takes place, and in precisely the same way. So in every case where hollow muscular organs are thus the seat of disease. The explanation, then, of this phenomenon is perfectly simple, and in perfect accordance with what we observe in other parts of the economy.

The next point to inquire into in relation to this form of disease, is what is the cause which produces it? Enlargement of the heart is a common form of disease, even in children; also, very frequently met with in young persons just after the age of puberty; and also in the middle period of life, and very often in advanced age. In reading the various descriptions given by authors of this form of disease, you will be struck by their statement that it is more common in advanced age than in the earlier periods of life. This is true, but not to the extent generally supposed. I have seen so many cases of this affection in quite young children, that I am led to believe that it is of far more common occurrence at these early periods of life than is commonly believed. Among the most prominent causes of enlargement of the heart we have rheumatism. I cannot too strongly insist on this point. It is of the utmost importance in a practical point of view. Very often acute articular rheumatism leaves the joints and fixes itself on the heart, or on both at the same time. When the metastasis is strongly marked, you cannot have any difficulty in forming a correct diagnosis; but the point I wish to impress on your recollection, is that this affection of the heart, in connection with rheumatism, is often latent—may exist during the whole progress of the disease, and when the patient is apparently quite recovered the heart may continue seriously affected; but the morbid action then is overlooked, and the foundation of organic disease is laid. No longer ago than last week I was consulted by a Surgeon in our Navy laboring under an enormous enlargement of the heart, and as a brief narration of his case may fix the point to which I desire so emphatically to call your attention, I will introduce it. This gentleman informed me that when a student of medicine in this city twenty years ago, he became subject to an attack of acute rheumatism. He was attended by two very eminent physicians, one of whom has since died; during the course of the rheumatic affection the heart became affected, and continued in a slight degree after his recovery from the attack of rheumatism. Ever since that time this gentleman has had symptoms of disturbance about the heart—the disease has gone from one step to another until it has now terminated in an immense enlargement of the organ. Remember this then—never forget to examine the heart in cases of rheumatism; and never consider your patients in these cases discharged from your attendance until you have perfectly satisfied yourselves that the functions of the heart are properly performed.

Another cause of enlargement of the heart is undoubtedly violent mental emotion—the influence of the stormy passions which agitate the human breast. I have seen cases of disease of the heart produced in this way so striking and melancholy in every respect, that I never shall forget them. It was remarked by Corvisart, who had a most extensive practice in Paris during the revolution, and was afterwards physician to the Emperor Napoleon, that the exciting scenes of that eventful period produced many cases of disease of the heart. There can be no doubt that violent emotions of the mind long-continued and frequently repeated, do often lay the foundation of serious and permanent enlargements of the heart. But in a great majority of cases we do not know what produces the enlargement. Frequently we find the disease coming on insidiously,—revealing itself by no particular symptom,—and on the closest examination we can discover no data by which we can form an accurate opinion of the cause. It has happened to me repeatedly in examination of patients, to discover, quite accidentally, the existence of enlargement of the heart. In one case, I recollect, I made this discovery whilst examining the chest of a patient laboring under an attack of acute pneumonia; not having the slightest suspicion of any disease of the heart, and not being able to ascertain from him that he had ever experienced a single symptom of the affection thus accidentally discovered.

Now, in relation to the probable duration of this enlargement, if it be simple it may, perhaps, be safe to say that if no complication of disease ensue, that this affection may exist for ten, twenty, or thirty years, or even during the whole period of life, with proper care on the part of the patient, without his experiencing any thing more than inconvenience. The great danger is that something may take place rendering the case seriously complicated. It has been noticed that affections of the right side of the heart, and those of the left side, differ in their duration. Thus, in an analysis of forty-five cases of disease of the heart, which I made some time ago, I found that the maximum duration of this affection of the right side was six years, and the minimum duration nine months; whilst of this affection of the left side, the maximum duration was two and one half years, and the minimum duration three months only. You observe here a very great difference, and the reason of which I cannot very well explain. But such is the fact, and it is of considerable importance in the formation of your prognosis.

I will now proceed to speak of the symptoms of enlargement of the heart. First, of the physical signs. You can never be certain that a patient labors under this affection from the general symptoms which he presents, or the 'rational signs.' The first point to notice is where the apex of the heart strikes. Recollect the position of the heart in the chest, lying on the diaphragm, and from right to left. It must be obvious to you, when you reflect a single moment, that the heart cannot be enlarged to any considerable extent without being pushed further to the left than is natural. In most cases the apex of the heart descends in some degree—sometimes, however, it ascends. There is a tendency in the heart to ascend when it is very much enlarged, and in such cases you may find the apex striking two or three inches higher than it should in a natural state. Remember, however, that the apex always changes its position. It strikes further to the left, and usually lower down, though sometimes higher up, than it does naturally. The fact that it strikes higher up is no proof that the enlargement is less,—on the contrary, as I have just hinted, the proper inference is that the enlargement is very considerable, and the explanation of this is easily found in the fact that the heart tends to turn on its axis, so that in these cases, from being oblique it gradually becomes more and more transverse than formerly. Thus occasionally, as every close and accurate observer must have remarked, the heart appears to lie almost quite transversely in the chest. Take care, however, that you do not commit any mistake on this point, and overlook something else (besides the enlargement) that may have pushed the heart out of its place. Perhaps there may be effusion into the cavity of the abdomen, or the stomach may be distended with gas, or there may be an enlargement of the left lobe of the liver—from all or any of which causes the heart may be pushed out of its natural situation. I have seen the heart pushed two inches out of its place by enlargement of the left lobe of the liver, and furnishing, as far as the position of the apex was concerned, every indication of enlargement of the heart. Again, marked deformities of the parietes of the chest, or effusion into the cavity of the left pleura, may displace the heart. Be sure then that no other cause of this displacement may exist independent altogether of enlargement of the organ itself.

The next point to examine in relation to enlargement of the heart, is the existence of dullness on percussion over the precordial region. Now in cases of considerable enlargement of the heart, I am satisfied with percussing over the central region of the heart, and to a practised ear, the degree of dullness there is very indicative of the extent of the enlargement. The moment the heart begins to enlarge it crowds back the lungs, leaving the heart uncovered, and in proportion to the degree of enlargement will be the degree of dullness or percussion. But in those cases where the enlargement is not so great, this diagnostic mark will not be sufficient, nor is it the most intelligible to beginners, at all events. You must, in making an examination in these cases, mark out with precision the limits of the heart. You will recollect that, when speaking in a former lecture of the proper mode of examining the heart, I alluded to the plan adopted by Drs. Cammann and Clark, of this city, and this method is so accurate in all its results that it cannot be too carefully studied. These gentlemen make four diameters of the heart, by drawing one vertical line on the inside of the sternum on the left side, four inches in length—another, bisecting this, gives the transverse diameter, which is also about four inches. The right oblique diameter is obtained by drawing a line from the top of the right shoulder to the apex of the heart—this line is four and one half inches in length—the left oblique line intersects the right, and is four inches long. So that you thus obtain sixteen inches and an half as the mean of the healthy heart. In the female heart the dimensions are somewhat less, half an inch perhaps, not more. Adopting this standard and mode of measurement, you can in any case very easily satisfy yourselves, with great accuracy, whether the heart is any larger than natural.

The next point to be ascertained, is the presence or absence of the respiratory murmur over the region of the heart. In a state of health, you can always discover the respiratory murmur over the region of the heart. You may not perhaps, in all cases, be able to discover it when the subject of your examination breathes naturally, but you can have no difficulty in hearing it, when the respiration is a little more forcible than it is in health. There is no exception to this rule. When this respiratory murmur is absent from this region. and there is no evidence present of the existence of disease in the lungs, it is one evidence of enlargement of the heart; but it is nevertheless of less value in the diagnosis than either of the two signs I have described.

The next point worthy of attention, is the form of the parietes. Whenever an internal organ commences to enlarge, the parietes may also become enlarged; and in those cases in which the heart is the organ thus affected, we have a gradual dilatation of the precordial region. Now this change in the form of the parietes of the chest, would be a very valuable diagnostic sign, were it always or generally referable to enlargement of the heart. But if you take one hundred persons in a state of health, you will find that at least one-fourth of that number will have more or less deformity of the chest. It very seldom happens that both sides of the chest are equally full and dilated, and present no want of symmetry. Very frequently there is a bulging of the precordial region. Still, taken in connection with the other signs, this change in the appearance of the parietes, in cases of enlargement of the heart, is worth consideration, though not of value alone. Those dilatations which are the result of natural deformity, and those which have been produced by the pressure of internal organs, I should remark, may sometimes be easily distinguished at first sight. When the bulging takes place from the pushing forward of some internal organ, the dilatation is equal; that is, the intercostal spaces are equally pushed out; but when it is owing to some deformity of the spine or ribs, the ribs are pushed out, but not the intercostal spaces. A knowledge of this may serve to enable you to distinguish the two forms of dilatation; still, I repeat, this sign is of little value when considered by itself. We have then these four physical signs, and I have enumerated them in the order of their importance. First, the change in the position of the apex of the heart,—second, the dulness on percussion over the precordial region,—third, the absence of the respiratory murmur over the region of the heart,—and fourth, the dilatation of the parietes of the chest. When these four symptoms present themselves, and there are no evidences present of the existence of disease in other organs, you can have no doubt that enlargement of the heart has taken place, and the diagnosis in such cases is very easy. Now the immense importance of ascertaining this fact, will be at once evident when you learn that almost every form of disease of the heart of an organic nature is connected with enlargement of this organ.

Now let us next inquire what are the *rational* symptoms of enlargement of the heart? The first symptom usually, and one which is almost constant, is palpitation—increased action of the heart sensible to the patient. Sometimes this increased action discovers itself to the patient by the heart thumping with greater violence than usual; in other cases it manifests itself by a fluttering action, and not an increased impulse. But in all cases the action of the heart is felt to be more distinct than natural. Now, if I were to tell you that palpitation of the heart is an universal symptom of enlargement of the organ, I would tell you what is not true. I have seen cases in which the heart was considerably enlarged, even in the advanced stages of the disease, and no palpitation present, and in which the attention of the attendant physician had never been called to the heart. Last week I saw a lady with her heart enormously large, and who had yet never presented any of the rational signs of this organic affection, and her medical attendant had been treating her for another and altogether different affection, yet her heart was enormously enlarged. You must not then suppose that in all cases there is palpitation.—The next symptom is the shortness of breath. It very rarely happens that a patient has enlargement for any considerable length of time without presenting this symptom. Patients laboring under this affection, complain of shortness of breath when going up stairs or walking quickly; and there are some curious facts connected with this symptom. I saw a gentleman the other day who labors under enlargement of the heart, and who can run up stairs as fast as any of you, but if he attempts to walk quickly in the street, he at once complains of shortness of breath. I cannot explain this, but such is the fact; in most cases of this affection, the exercise of going up stairs produces great shortness of breath.—Another symptom important to notice in this connexion, is pain in the precordial region. This may or may not be present; very frequently it is absent, but when present it, of course, at once directs attention to the seat of the disease, and is an important point to notice. Sometimes this pain is of a dull, heavy character; in other cases, there is a sensation of constriction, a feeling as if a bar of iron or some solid resisting substance were grasping the heart.—Sometimes the patients complain of acute darting pain, and sometimes of a burning sensation. These sensations are very various in different cases, and do not, by any means, accurately lead to the diagnosis of these affections. Generally, however, the sensation present is that weight which one feels when oppressed with grief, to a feeling of constriction.

Now in relation to the *general* symptoms, we may remark that during the early stages of the enlargement, there is in most cases very little alteration in the appearance of the patient. I will venture to say, that were the gentleman to whose case I alluded, and who has had enlargement of the heart for twenty years, to present himself amongst you, you would not have the slightest suspicion, from his general appearance, that he was laboring under such a formidable affection; he has a florid complexion, a robust form, and exhibits no external indication of organic disease. You must not then suppose that this disease will always exhibit evidence of its existence in the external general appearance. Enlargement of the heart, you will remember, is not a malignant disease. It is not produced by the deposit of some new and foreign substance in the system, but is a simple enlargement of a natural tissue, and is consequently not accompanied with much disturbance of the general health. Patients thus affected do not necessarily lose their flesh or strength; neither do their spirits always sink, and they may continue to enjoy life as well as ever, that is, when the enlargement is comparatively slight, and sufficient care is taken. In many cases, however, there is something peculiar about the countenance—a blueness about the lips—a disposition to puffiness about the eye-lids—a peculiar heaviness and anxiety of the countenance. Every one who has been accustomed to observe and study disease, is aware that different maladies stamp their peculiar character on the countenances of patients. It is difficult to explain in what this difference consists. Those who observe it, know it; but it is altogether impossible to convey a precise description of it. You have all noticed, for instance, in cases of fever, the peculiar expression of the countenance, yet you would attempt to describe it in vain. So it is with the peculiarities of the features of men of different nations. The Irish—the French—the German—the English, are all distinguished by peculiarity of countenance: and just so have the various diseases their characteristic physiognomy.

I will now say a few words in relation to the complications of the affection of which we have been speaking. The first and most important complication of enlargement of the heart is congestion, active or passive. By the former, I mean those cases in which the arterial flood is thrown with more force than usual into the smaller vessels, and kept there; by the latter, I mean a retarded circulation or distension of the venous system on the other hand. These are opposite conditions of the system. The one is active—the other passive—the one has to do with the arteries, the other with the veins. *Arterial congestion* is a very common complication in these cases of enlargement of the heart. It may affect various organs. Some organs are more likely to be affected than others in particular individuals. One of the most common seats of the congestion is the brain. It may perhaps surprise some of you, when I say that more than one half of the cases of apoplexy which occur, are owing to disease of the heart. The explanation of this, however, is perfectly simple. A patient has got an enlargement of the left ventricle of the heart, of course its powers are very much increased, and provided there be no obstruction at the aortic orifice the current of blood flows with greatly increased force to the brain. The necessary result is congestion of the arterial vessels and the brain, marked by headache, ringing in the ears, and other equally intelligible symptoms, till all at once a vessel is ruptured, and the patient suffers from apoplexy. This furnishes one reason among others, why these cases should not be neglected.—The same phenomena take place also in the lungs, not so often indeed, but precisely in the same way. By and by I shall speak more particularly of this when describing the disease called 'pulmonary apoplexy.' I have never yet seen a case of this that was not connected with enlargement of the heart ; and whenever you can diagnose a case of enlargement of the right side of the heart without any disease of the valves, or with filatation of the pulmonary artery, you have every reason to dread this result. Now *venous congestion* is still more common. Every body knows this. Sometimes it exhibits itself, however, by simple congestion, and may lead, as in the former case, to apoplexy, which it does rather by effusion of serum than rupture of the vessels. A few days ago I saw a very marked case of this description. On the afternoon of a day last week, a gentleman observed that his left arm had become blue, the veins were very much swollen, and that was all he noticed. In the course of the night he became affected with great dizziness, and noticed that he could not see with one eye, and experienced a throbbing sensation in the left side of his head. Every thing seen with the left eye,he also remarked,presented a bluish appearance. Under proper treatment all these symptoms disappeared. But they were all well-marked evidences of venous congestion from disease of the heart. Dropsy is a frequent result of this congestion, and the connection of this affection with disease of the heart is very important indeed. It is almost always complicated at one period or another with enlargement of this organ. In cases of valvular obstruction it is, of course, more marked ; but as a general rule, it occurs sooner or later, in a more or less marked degree, in all cases of enlargement of the heart. The veins become loaded with blood, which they cannot return to the heart, and in order to relieve themselves they pour out their serum. Pass a ligature round your arm, the veins will rapidly become swollen, and by and by, effusion of serum will take place from the over-distension of the vessels. The same thing precisely takes place in the venous congestion of which I have been speaking. The most important point to notice here is, that when disease of the heart is the cause of this congestion, it always makes its first appearance in the feet, and generally in both at the same time. I cannot offer any explanation of this fact. When dropsy is the result of disease of any of the abdominal organs, it commences you know in the abdomen, and is termed ascites, when dependent on renal disease it begins in the face, or superior extremities. Now, recollecting this, you are led to a point of the greatest diagnostic value, and that is, that the situation in which dropsy first manifests itself, leads you to suspect with what disease it is complicated. This dropsical effusion, then, in cases of disease of the heart, commences in the feet and gradually extends upward. The thighs become affected—then the scrotum—the parietes of the abdomen—the peritoneal cavity—the cavity of the chest, constituting 'hydro-thorax,' all those parts connected with its progressive extension being of the greatest importance in the formation of your diagnosis. In examining the bodies of such patients after death, you will of course find all the previous evidences of effusion verified, and according to the violence and rapidity of the disease will be the amount of the effusion.

LECTURES ON THE PATHOLOGY,

AND

Diseases and Derangements of the Nervous System.

BY

MARSHALL HALL, M. D., F. R. S., L. AND E., ETC. ETC.

No. IV.

I now wish to draw your attention to a series of morbid affections which result from peculiar affections of the general system, or of various organs. They have been too much neglected by writers on diseases of the encephalon. They may be designated—

Cerebral Diseases resulting from various Affections of the System ;

and they may be arranged thus:—

I. Intestinal irritation.
II. Exhaustion from loss of blood.
III. Chlorosis.
IV. Excessive study, shock, alcohol, &c.
  a. Delirium tremens.
  b. Delirium traumaticum.
V. Affections of the kidney.
  a. Dropsy.
  b. Diabetes.
  c. Other morbid affections of the urine.
  d. Ischuria.

Several of these affections are not seen in hospitals ; it is in private practice only that we become acquainted with them. They are, also, almost neglected by writers on diseases of the brain ; yet it is impossible that you should be prepared for practice without a due knowledge of these diseases.

I.—INTESTINAL IRRITATION.

The first of these affections consists of the irritation of indigestible food, scybala, or other morbid contents of the stomach, or bowels, excited into activity by some shock of the system, or of the nervous system, such as a fall, or other accident, parturition, &c. The symptoms are, rigor, frequently severe heat of surface, and violent pain in the head, and intolerance of light and of sound ; the symptoms, in a word, of the most acute encephalitis. The breath is tainted, the tongue loaded and swollen, the secretions morbid ; but it would still be difficult to establish a distinct and confident diagnosis without the criterion afforded by the effect of blood-letting in the erect posture, of which I shall speak presently. The first step to be taken in a doubtful case, is very slowly to administer an enema of from three to three and a half pints of warm water, and to examine the state of the fæces, and observe the effect upon the disease and upon the system. If there be scybala, if the symptoms be subdued, and especially if there be faintishness, the case is indubitably not cerebral inflammation, but intestinal irritation. If the case still remain doubtful, prepare the arm, open a vein, and then place the patient upright, and let the blood flow until the lips become pallid ; if the case be encephalitis, an extreme quantity of blood will flow, even thirty or forty ounces, or more, before there is any appearance of syncope ; if it be intestinal irritation, syncope occurs before one-fourth of that quantity of blood has left the circulating system. I have insisted so much upon the importance of a knowledge of this disease, and upon the nature of this diagnostic and guard against the undue and inefficient blood-letting, in several works, that I shall merely refer you to them for further information, which it would occupy me too long to repeat on this occasion. This affection sometimes assumes a far less acute form. I met with such a case very recently ; it had been mistaken for encephalitis. The patient slowly but perfectly recovered from attacks of vertigo, &c., by maintaining a regular state of the bowels, diet, rest, and afterwards of gentle exercise, change of air, &c.

II.—EXHAUSTION FROM LOSS OF BLOOD.

I must refer you to the same works for information on this important subject. Throbbing, pain of some part of the head, a sense of pressure, as of an iron nail, of an iron hoop ; intolerance of sound, of disturbance ; sleeplessness ; a state bordering on delirium ; actual delirium, or even mania ; some convulsive affection, perhaps epilepsy itself, are the affections which most frequently result from loss of blood. In other cases there are amaurosis, deafness, paralysis, a state of dozing, or slight coma,—the apoplexia ab inanitione. There are some observations upon this subject in a recent volume of the 'Medico-Chirurgical Transactions,' by Sir. B. Brodie; some time after an injury of the head it became doubtful whether the symptoms depended upon the original accident, or upon the treatment. The plan was changed, and the patient recovered. In the 'Medical Gazette' there is an interesting case of amaurosis from loss of blood, by Professor Badham, of Glasgow, occurring in his own daughter. I believe there was much obscurity in the case until the Professor was shown my work upon the effects of loss of blood. I have known such cases treated upon antiphlogistic principles, until there was the most imminent danger, when a change of plan has immediately induced a favorable change, and eventually restored the patient. Gentle stimulants, such as small quantities of brandy, the carbonate of ammonia, chalybeates, and a mild animal diet, are the principal remedies in such cases. I will conclude these brief remarks by oserving, that the first series of symptoms are entirely cerebral; those observed late in the disease conjoin with cerebral symptoms, symptoms which belong to the true spinal system; the half-closed eyelid, a degree of stertor, an uncertain state of the sphincter, convulsion, are of this character. Eventually, in the very last stage, the ganglionic system suffers; mucus accumulates in the bronchia, and serum in the air-cells, and cellular substance of the lungs; and flatus distends the intestines. After death effusion is found to have taken place under the arachnoid, at the surface and base of the brain, and into the ventricles; there is œdema of the lungs, the intestines, &c.

III.—ON CHLOROSIS.

The influence of the state of bloodlessness which occurs in chlorosis, upon the encephalon, has not been duly noticed by practical writers; I shall, therefore, mention this subject a little more in detail than some others. I have, within the last eight years, seen four cases of fatal chlorosis. The fatal event took place in one case suddenly; the patient was seized, quite unexpectedly, with the symptoms of dissolution, whilst sitting up for a few minutes in a chair, when in a state of apparent convalescence from a feverish cold, and speedily expired. In the second case a feverish cold led to the symptoms of a more gradual sinking. In the third, fever, cough, and aphthæ, followed parturition, and issued in the sinking state. The fourth and last case issued, in a most insidious manner, in a series of symptoms of an equally insidious sinking of the vital powers. Of the second and third cases no post-mortem examination could be obtained. In reference to the to the first and last, and especially the last, I was more successful in my entreaties to obtain this satisfactory elucidation of the nature of disease. Miss H***, aged eighteen, was well, with the exception of a little constipation, when she went to school at Boulougne, in 1828, aged thirteen. She remained a year and returned home. She went again in six weeks, and remained another year; and, during this year, the catamenia did not appear, and the bowels were constipated. On her return she looked pale, but she was stout, and grown, lively, and in good spirits. A fortnight after her return, the catamenia appeared, but they were pale and scanty; the bowels were constipated. She continued pretty well until July, 1833, when she became sallow, pale, affected with pain of the head, and shortness of breath, and coldness and dampness about her person; the catamenia gradually diminished in quantity and color; the bowels were constipated, and she became fond of concealing and eating dry rice, coffee, and tea-leaves. About a year ago the paleness was augmented, and the ankles began to swell; leeches were applied to the temples. During the last summer the paleness augmented still further, and the œdema assumed the character of anasarca; the perspiration became offensive; the catamenia were scanty, pale, and yellowish, or greenish, and varying much in color, but never red.—Dec. 13, 1834. I saw Miss H*** seven days ago; the countenance was pale, and slightly œdematous; the legs anasarcous; the head affected with mild delirium, with a degree of intolerance of light and noise; the breathing was hurried, and rather audible and rattling, with cough; the pulse 130, and throbbing; the abdomen tumid. These symptoms continued; at first there was delirium, afterwards there were dozing and slight coma; afterwards the mind was clear; at length the coma returned; the respiration became momentarily suspended, and the inspiration sudden, and sometimes *catching;* the abdomen became decidedly tympanitic, with the escape of much flatus; the pulse continued at 130, and sometimes 140, with fullness and throbbing. The strength gradually declined, and dissolution took place rather suddenly, after the free evacuation of the bowels. On examination, there was effusion of serum and of opaque lymph under the arachnoid, at the summit and base of the brain; there was an effusion of six drachms of serum into each ventricle. The summit of each lung was extremely pale, œdematous, and crepitant between the fingers; large portions of foaming lymph exuded from incisions made into them; the root of each lung was red, not crepitant, and sank in water; and, on making incisions, much fluid exuded without foam, or bubbles of air. The bronchia were injected; each cavity of the thorax contained five or six ounces of serum, and the pericardium one ounce; the heart was natural. The viscera of the abdomen, except the ovaria, were natural, but pale; there was no effusion; the tympanitis had disappeared. The ovaria were large, and one of them contained a cyst replete with serum, of the size of a large walnut. There was considerable adipose substance. This case is important in every point of view. It is important in regard to the nature of the disease, of which it is an example, demonstrating, as it does, the tendency of that disease to induce, not merely external dropsy, but effusion under the arachnoid, and into the pleura, the pulmonary cellular membrane, &c. It is important, too, as an unequivocal representation of the disposition to such organic changes in cases of bloodlessness and exhaustion. It is also important, as establishing the fact that not only serous effusion, but the deposite of coagulable lymph, may take place, without inflammatory action, in similar circumstances, and that, consequently, such deposite of lymph is no proof of inflammation. In a recent fatal case of delirium tremens, serum was found effused under the arachnoid, and into the ventricles, whilst opaque lymph was deposited under that membrane. Similar appearances observed in chlorosis enable us to say that such an appearance cannot be adduced in favor of inflammatory action; for no one can imagine that the appearances which have been detailed, as observed in chlorosis, can be other than the peculiar effects of this disease, or that the deposite of lymph under the archnoid can depend upon any cause different from that which induced the effusion of serum under this membrane, and from the pleura, and the pulmonary and cutaneous cellular membrane. I need scarcely add the remark, that chlorosis must not be viewed as totally free from danger. When anasarca has supervened to great pallor, there is the fear of effusion into the encephalon, and of a fatal result, which is sometimes of the most insidious, sometimes of the most sudden kind.

IV.—OF SHOCK, MENTAL AND PHYSICAL.

The immediate result of shock on the general system, but especially on the cerebral system, is of the most interesting character. The influence of mental shock is frequently a state bordering on delirium, or mania. Suicide is a frequent event at such a moment. There are a sense of weight, or pain, about the head, and sleeplessness. There is great danger of mistaking the symptoms for mere mental affliction; we ought to treat it as a serious malady. The timely use of the lancet would have prevented many an act of suicide. But I will illustrate this point by a most interesting case:—A. B., aged forty, became ruined in character and fortune, and, when in the midst of his difficulties, experienced a sense of heaviness and pressure in the head, and passed sleepless nights. After several days he attempted suicide, by dividing the muscles and blood vessels of the arm deeply. He lost a large quantity of blood, and became faint. On recovering from this state, he said to his medical friend,—'Had you bled me a few days ago I should not have done this act; my feelings are altered, and I regard suicide with abhorrence: had Sir Samuel Romilly been timely bled, he had still been alive.' From this time all the symptoms subsided. To the same class of affections, doubtless, belongs the nervous delirium, or delirium traumaticum, described by Dupuytren, as following serious accidents and operations. There are sleeplessness, delirium, jactitation; the eyes are injected, the countenance flushed and animated; the forehead covered with profuse perspiration; the patient is insensible to the pain of his accident, or operation; there is no fever or constipation. This affection is frequently after attempts at suicide. The patient may fall asleep, awake composed and rational, relapse, &c. It is a short mania for five or six days; it is attended by great danger. There are no distinct traces of morbid change on examination. The brain and spinal marrow are found apparently healthy. The remedy recommended by Dupuytren is a small enema, with five or six drops of tinctura opii, repeated three or four times, at intervals of six hours.

V.—THE EFFECTS OF ALCOHOL.

These cases are obviously allied to delirium tremens, the result of drinking spirituous liquors. In this case there are wakefulness, delirium, and tremor, singularly combined. The symptoms of delirium tremens may occur during the habit of taking alcoholic liquors, or immediately after the wonted stimulus is withdrawn. The first symptom is tremor; this leads to sleeplessness, and this to delirium; and delirium frequently consists in the imagined presence of objects, which the patient is anxious to seize or to avoid. The tongue is white; the breath tainted; the surface moist; the pulse becomes frequent. In the advanced stage, the delirium may be replaced by coma, the tremor pass into subsultus tendinum, the evacuations become involuntary. The attack of delirium tremens is very apt to recur. The first attack is rarely fatal, but a subsequent attack may terminate unfavorably. The morbid appearances observed, usually after the second attack, are the effusion of serum into the ventricles, and of serum, and even of lymph, under the arachnoid. I have known free blood-letting induce a degree of sinking, both in young and old, from which no means could restore the patient. Opium, with a strict attention to the diet, and to the secretions, constitutes the most efficacious remedy. It becomes a serious question whether any stimuli should be allowed. There is an interesting fact in the 'Précis d'Anatomie Pathologique' of M. Andral, t. ii, p. 770, illustrative of this latter question: A drunkard is cast into prison, and put upon prison diet, becomes affected with delirium, is allowed a certain portion of spirit and water, and immediately recovers. The three affections which I have just briefly brought under your notice, highly merit your best attention. I now pass on to two others of a different character; the first of these is a cerebral affection, which is apt to occur in the course of some

VI.—DROPSIES.

Dr. Wells, of St. Thomas's Hospital, was among the first to draw the attention of the profession to the frequent presence of albumen in the urine of patients affected with dropsies, preceded or unpreceded by scarlatina, in two most admirable papers published in the 'Transactions of a Society for Promoting Medical and Surgical Knowledge,' vol. iii., p. 167, and p. 147. Dr. Wells's observations have been amply confirmed by Dr. Blackall, Dr. Bright, &c. In the midst of such a disease the patient is not unfrequently attacked with symptoms denoting a cerebral or true spinal affection. There are delirium, or coma, or convulsions, apoplexy, or meningitis. I have already more than once alluded to such an affection in children. Dr. Wells mentions this affection, p. 177; Dr. Bright gives such a case in his 'Medical Reports,' vol. i., p. 97; there was, in this last case, 'a slight serous effusion under the arachnoid.' The subject is in need of renewed investigation. In diabetes and other morbid states of the urine, cerebral affections are apt to supervene.

VII.—ISCHURIA.

The next disease to which I must refer you as intimately connected with the brain, is ischuria, or suppression of the urine, to which may be added other morbid conditions of this secretion, besides that marked by the presence of albumen. Dr. Prout, Dr. Abercrombie, and Dr. Wilson, have lately treated this subject. There is frequently considerable disease of the kidneys. The suppression may be partial or complete; it leads to fever, thirst, a urinous taste in the mouth, and smell of the perspiration, nausea, vomiting, hiccup, delirium, coma, convulsions. It was necessary that I should enter into these brief details; otherwise the sketch of my subject would have been incomplete. When the whole outline is filled up I flatter myself that it will present a work of great practical as well as scientific interest, and I trust that I shall be enabled to accomplish this before many years have passed away.

A COURSE OF LECTURES

ON SURGERY,

With Surgical and Pathological Anatomy.

BY

VALENTINE MOTT, M. D., PROFESSOR OF SURGERY, ETC.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

SESSION 1841–2.

Lecture XXVII.

After a lengthened and rather confused account of the anatomical structure and relations of the tongue, which we do not deem worth reporting, the lecturer proceeded to speak of the diseases of this organ requiring surgical attention. He first spoke of what he termed

'ULCER OF THE DORSUM'

of the tongue. An ulceration varying in extent from the size of a sixpence to that of a shilling was sometimes met with 'among the larger papilli, towards the base of the tongue;' these ulcers have frequently hardened and elevated edges, and are important, inasmuch as they may be mistaken for malignant disease, from which, however, they may be readily enough distinguished. They yield to simple treatment, and are not painful except when hot or acid substances are taken into the mouth, besides carcinoma never begins in the situation where these ulcers appear. This ulceration is generally connected with derangement of the digestive organs, and in such cases the appropriate treatment was sufficiently indicated. If the ulceration showed a tendency to spread, the local application of the nitrate of silver, or the diluted nitric acid, would be useful. Under this treatment, and attention being carefully directed to the diet and regimen, the affection would in general speedily yield.

CARCINOMATOUS ULCERATION

of the tongue is an affection unfortunately not rare. The Professor never saw an instance of carcinoma making its appearance on any part of the tongue than one or other of the sides. Neither did he ever see it begin on both sides at once. It begins in a hard spot or point, sufficiently defined though not so distinctly limited as in other situations where the surrounding tissues were of a different character. It is always accompanied with darting pain, which leaves a burning sensation. The ulcerative process soon commences, and the ulcer has the usual characteristics of carcinoma. 'It has the same feel precisely that carcinomatous ulceration of the os uteri has, and which is exactly like what might be supposed to exist were the part gnawed by a rat.' When carcinoma of the tongue is discovered, of course there can be only one opinion as to the treatment—it must be got rid of as soon as possible. The ligature is the safest plan of removing the portion of the organ involved in this terrible disease. The ligatures must be tied very firmly and fastened to the teeth, so that they may not be swallowed, and they can be twisted every day or two so as to be kept sufficiently tightened. If the employment of ligatures be inconvenient, the canula and wire may be used. Some surgeons, it is stated, have removed portions of the tongue in those cases by cutting through under the chin—that was an operation with which the Professor 'had no sort of fellowship.'

The Professor had seen an instance of peculiar affection of the tongue which deserved to be mentioned. A number of years ago, he met with an aneurism from anastomosis in the tongue of a young lady; whether it was congenital or not, he could not say, but it had existed for a number of years. It was about the size of a shilling piece, and was situated on the base of the tongue. With great difficulty the Professor succeeded in surrounding the diseased portion with ligature, and the aneurism sloughed away, and a perfect cure was effected.

The tongue was also subject to

HYPERTROPHY,

and a frightful and loathsome disease it was—the tongue being constantly protruded from the mouth. This hypertrophy might occur, as in other cases, without any known cause. But the only case with which the Professor had met owed its origin to the action of mercury. A gentle alterative course effected a cure.

REVIEW DEPARTMENT.

An Historical Sketch of the State of American Medicine before the Revolution; being the Annual Address delivered before the Medical Society of the State of New York, February 1st, 1842. By John B. Beck, M. D., President of the Society, Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the City of New York, etc. etc. 8vo. pp. 35.

Every attentive student of the World's Progress will find much to interest him in the details of medical history. 'Independently of its being devoted to purposes of high utility and exalted benevolence,' as the erudite author of this discourse well says, 'the necessary alliance which exists between medicine and the other departments of science, will always confer upon it a peculiar pre-eminence over every other professional pursuit.' Hence the lists of intellectual greatness present, in every age, the names of illustrious professors of medical science. And if Medicine cannot offer to her disciples the dazzling honors of the warrior or the statesman, nor confer the princely revenues of successful commerce, yet can she point to a more enduring reward and the inheritance of a richer fame,—she can give to her honest-hearted follower, the joyous consciousness of doing good, and an honorable rank amongst the practitioners of an art, on which the Infinite Benevolence himself, has graciously condescended to bestow his ennobling sanction and beneficient regard.

Dr. Beck, in the course of the few prefatory remarks with which he introduces his comprehensive sketch of a most interesting period of our medical history, refers with great propriety and justice to the salutary influence which the Revolution that gave America, independence, has exerted on the progress of our profession. Thus has it ever been. Every accession to the political liberties of man, has contributed largely to the mental and moral elevation of our race. Still, in the assertion, that 'after the revolutionary war, the medical mind of our country emancipated itself from an inglorious servitude to foreign authority, and at once put forth a character of boldness and enterprise which has laid the solid foundation of its future honors,' there is, perhaps, more of rhetorical flourish than is absolutely necessary. However, we trust we will ever be among the last to find serious fault with such honest and well-directed enthusiasm as that which gave birth to this little burst of national and professional pride.

In this 'Address' the author arranges the interesting and valuable historical details which he has collected, into the three divisions of 'medical practice'—'medical literature'—and 'medical institutions.' Under the first head, we are furnished with satisfactory evidence that the physicians in the colonies are entitled to the credit of originating some modes of practice of great value.

> The most important of these is the application of mercury in the treatment of inflammatory complaints. This practice took its origin as far back as the year 1736, and the credit of originality is generally conceded to Dr. Douglass, a physician of Boston, by whom it was used in the angina maligna which prevailed extensively over the colonies at that period, and committed the most dreadful ravages. By Dr. James Ogden, a respectable physician of Long Island, this practice was extensively applied in the same disease about the year 1749. The preparation of mercury which was used was calomel. In consequence of the success which attended the use of this remedy in this disease, it was shortly after resorted to in other inflammatory complaints; and about the middle of the last century, it was in common use in this country in pleurisy, pneumonia, rheumatism, and others of the phlegmasiæ. I am aware that the credit of this practice is claimed elsewhere; but there can be no doubt that in its origin it is exclusively American, and that to our colonial physicians the world is indebted for one of the greatest improvements ever made in practical medicine.

An interesting account is given of the introduction of the practice of small-pox inoculation, in the year 1721, when it was recommended by Cotton Mather after his having read, in the Transactions of the Royal Society of London, an account of the mode in which it was practised in Turkey.

> With the exception of one individual, it was unanimously opposed by the faculty. This individual was Dr. Zabdiel Boylston, who, with the confidence of an honest and enlightened mind, commenced his operations upon his own children and servants. The controversies which ensued were of the most ferocious and disreputable character. Such was the tempest of popular indignation raised against the practice, chiefly by the inflammatory conduct of the physicians, at the head of whom was Dr. Douglass, that both Drs. Mather and Boylston were in danger of losing their lives. Passion and prejudice on the one side were, however, met by decision and success on the other; and inoculation, defended by almost all the clergy, many of whom preached and wrote in its defence, soon triumphed over opposition, and became prevalent in Boston and the neighboring towns. From thence it was introduced into the other colonies, and although uniformly resisted at first, the public mind became gradually reconciled to it. So early as 1738, it was practised in Charleston, S. C., during the epidemic small pox which then prevailed there. In 1759 it was generally adopted in Philadelphia, where its dissemination was very much facilitated by a defence and recommendation of it by Dr. Redman. The true merit of Dr. Boylston, in relation to the introduction of inoculation, will not be appreciated unless it is stated that at this time the practice had only just found its way into Europe. By a singular coincidence, the first case of inoculation in Europe took place in England in April, 1721, only two months before the first experiment of Dr. Boylston, and entirely without his

knowledge. This was the case of the daughter of Lady Wortley Montague.

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Among the practices peculiar to the colonies, was the administration of mercury as a preparative to inoculation. By the illustrious Boerhaave, it had before this been suggested that mercury would prove an antidote to small pox; and from him, no doubt, the hint was taken. In 1724, Dr. Huxham also recommended calomel, not merely in the natural small pox, but also when inoculated. It was only in the colonies, however, that the practice was tried on a large scale; and an interesting account of its effects has been left us by Dr. Benjamin Gale of Connecticut, in a paper published in the Philosophical Transactions for 1765. The credit of the practice is given by him to Dr. Thomas of Virginia and Dr. Munson of Long Island, by whom it was established in 1745. According to the statements of Dr. Gale, it appears that the deaths from the natural small pox, before inoculation was introduced into New England, averaged 1 in 7 or 8; when inoculation was introduced, the deaths amounted to 1 in 30. By improvements and proper precautions, they were reduced to 1 in 80 to 100; and finally, by preparing the system by the previous use of mercury, the deaths were only 1 in 800 or 1000.

For the early and prompt investigation, as well as the sound and original views which they advanced in relation to the pathology and treatment of 'croup,' the colonial physicians are represented by Dr. Beck as worthy of the highest applause. The tract on this subject, published by Dr. Bayley in 1781, and which contains the result of his observations and practice for a number of years previously, is referred to as fully sustaining the fact that much more correct views were entertained by him and several of his cotemporary practitioners here, than those maintained by Dr. Home, of Edinburgh, to whom is generally conceded the credit of having given the first full description of this disease, and which was published in 1765.

Contrary to the opinion of Home, that the secretion of mucus on the inside of the trachea was the cause of the disease, Dr. Bayley established the fact that the disease was an inflammation of the mucous membrane of the trachea, and that the effusion and false membrane were the consequences of this inflammation. Based upon the idea that it was an acute and rapid inflammation, the treatment recommended was of the most decided character. Blood letting ad deliquium—the free use of tartar emetic, at first to produce vomiting, and then to keep up nausea, together with the free use of calomel, were all originally recommended by them, although the credit of every one of them has since been claimed by others.

We must pass over, at present, the interesting sketch with which we are favored of the state of 'medical literature' previous to the Revolution—'although not abounding in materials of very high interest or importance, it is by no means contemptible.' But we cannot refrain from quoting entire the description of the state, at this period, of

Medical Education and Institutions.

Under this head may be embraced all those acts and establishments of the colonial governments, whose object was the preservation of the public health, as well as those institutions of a public nature, which originated from the combination of individual enterprise and liberality.

From the commercial character of the country, it may readily be supposed, that our first medical establishments were lazarettos, or hospitals intended for the reception of seamen and others infected with contagious disorders. Accordingly we find a hospital of this description established by Massachusetts, nearly one hundred and fifty years ago, at Rainsford island, in the harbor of Boston. Another was at an early period erected on State island in the Delaware, and appropriated to similar purposes for the port of Philadelphia. After the practice of inoculation had become settled, hospitals were gradually established in different parts of the country, for the purpose of carrying patients through this process. Several of this description were in existence shortly after the middle of the last century. These were, however, entirely the result of private enterprise, without any legislative aid, and were, therefore, only of temporary duration. Among the physicians who devoted themselves to this kind of business, Dr. Barnet of New Jersey, seems to have been the most conspicuous. Useful as the foregoing institutions undoubtedly were, they could not have produced any effect of consequence upon the existing state of medical science. In 1750, a project of a higher order was set on foot in Philadelphia; this was the establishment of a hospital, upon the plan and embracing all the advantages of the European hospitals, and the individual with whom it originated was Dr. Thomas Bond. No sooner was the object proposed to the citizens of Philadelphia, than measures were adopted to carry it into execution. For that purpose, a petition was presented to the Assembly of the colony soliciting the aid of that body, the result of which was a grant of £2000, on condition that an equal sum should be raised by subscription. The proposed amount was speedily raised; and early in the year 1752, patients were admitted into a building which had been procured for their temporary accommodation. The erection of the present building was not commenced until 1755. In the year 1769, a similar project was started in New York, and the credit of first suggesting it is due to the late Dr. Samuel Bard. In consequence of a public discourse delivered by him, a general interest was excited in the measure. The liberal contributions of the governor of the province, (Sir Henry Moore,) the corporation of the city, and the legislature of the province, enabled the governors to commence the erection of the building in 1773. After being nearly completed, it accidentally took fire, and was nearly consumed, in 1775. The present building was not completed until 1791, when it was opened for the reception of patients. These were all the hospitals that were attempted anterior to the revolution.

Among the most singular features connected with the history of our colonial medicine, is the fact that so little attention was paid to professional education. This is the more remarkable, inasmuch as our colonial ascestors were fully alive to the importance of general instruction, and the most honorable efforts were made to establish it on a respectable foundation. So early as the year 1638, Harvard University, in Massachusetts, was founded. In 1691, William and Mary College, in Virginia; in 1700, Yale College, in Connecticut; and in 1746, Princeton College, in New Jersey, were severally established; yet in none of them was any provision made for instruction in medical science. With the single exception, too, of New York, already noticed, and that so late as 1760, the law imposed no qualifications upon those who entered the profession, nor were they subjected to any examinations. The education of physicians, therefore, at this period, restricted as it was to the personal instruction of those with whom they studied, must have been limited indeed. The only mode of supplying this deficiency, was by resorting to foreign countries; and it appears that almost all the distinguished physicians who flourished anterior to the revolution, had received their education in Europe. It is a fact certainly highly honorable and worthy of record, that Harvard College no sooner began to send forth her graduates, than some of them found their way to foreign universities, where they obtained the degree of Doctor of Medicine. In 1642, Samuel Bellingham graduated at the first commencement at Harvard, and shortly afterwards obtained a doctor's degree at Leyden. In 1650, John Glover and Leonard Hoar left the college, and were afterwards honored with the doctorate abroad, the former at Aberdeen, the latter at Cambridge in England. Hoar afterwards became president of Harvard college. In 1674, Edmund Davie graduated, and subsequently was made an M. D. at Padua. As may be supposed, this practice became more and more common, till the period of the revolution; and this, together with the number of foreign physicians of talent and education who emigrated to this country, tended, in no inconsiderable degree, to correct the deficiencies of domestic instruction. The first attempt at establishing a regular system of medical instruction in this country, was not made until a very few years before the revolution; and for this we are indebted to Drs. William Shippen and John Morgan, both natives of Pennsylvania, who projected the plan during the prosecution of their studies abroad. In 1762, Dr. Shippen returned to his native country, and in the year delivered a course of lectures of anatomy to a class of students amounting to twelve in number. These lectures were repeated in 1763 and '64. In the following year Dr. Morgan, who had just returned from Europe, pronounced 'A Discourse upon the Institution of Medical Schools in America,' before the trustees of the college, in which he proposed a plan for teaching the different branches of medicine, and portrayed with prophetic ardor the blessings which would flow from such a measure. Happily he spoke to a body of men capable of entering into his expanded views; and measures were soon after adopted for forming a medical faculty. Dr. Morgan was appointed Prof. of the theory and practice of medicine, and Dr. Shippen, Prof. of anatomy and surgery. The other stations were not immediately filled. In 1768, Dr. Adam Kuhn, a pupil of Linnæus, who had just returned to his native country, was chosen Prof.

of botany and materia medica; and in 1769, Dr. Rush, who had just finished his education at Edinburgh, was chosen to the chemical chair. At the same time, Dr. Thomas Bond gave clinical lectures at the Pennsylvania hospital. Being thus provided with professors on the most important branches of medicine, the school went into complete operation, and the lectures were continued to the year 1775, when they were suspended by the war of the revolution. Dr. Shippen at this time had delivered fourteen courses, and the annual number of students had increased to between thirty and forty.

New York soon became emulous of the example set her by Philadelphia, and in 1768 adopted measures for extending similar advantages to medical students. A full medical faculty was regularly organized under the superintendence of the trustees of King's (now Columbia) College, of which Samuel Clossey, M. D. was Prof. of anatomy, John Jones, M. D. Prof. of surgery, Peter Middleton, M. D. Prof. of physiology and pathology, James Smith, M. D. Prof. of chemistry and materia medica, John V. B. Tennent, M. D. Prof. of midwifery, and Samuel Bard, M. D. Prof. of the theory and practice of physic. At the opening of the school, a learned discourse, already noticed, was delivered by Dr. Middleton. A measure so honorable to those immediately concerned in effecting it, and to the city itself, promised not merely to elevate the character of our profession, but to be productive of general good to the community. The fair prospects thus anticipated, were all arrested by the war.

The schools thus started in Philadelphia and New York, were the only ones attempted before the revolution. The first medical degrees were given by the college of New York. In 1769, the degree of *Bachelor* in medicine was conferred upon Samuel Kissam and Robert Tucker. In 1770, the degree of *Doctor* in medicine was conferred upon the last of these gentlemen, and in May of the following year, upon the former. In June, 1771, the degree of Doctor in medicine was conferred on four students, by the Philadelphia college, being the first given by that institution.

With regard to the works that were commonly read and studied, the following is stated by Bartlett. 'Though the works of Hippocrates, Galen, Stahl, and others, were not unknown, those of Sydenham, and his followers, were principally studied by our oldest practitioners, till the time of Boerhaave, whose invaluable labors commenced in 1701, which, with the commentaries of Van Swieten; the practical writings of Whytt, Mead, Brooks and Huxham; the physiology of Haller; the anatomy of Cowper, Kiel, Douglass, Cheselden, Munro and Winslow; the surgery of Heister, Sharp, Le Dran and Pott; the midwifery of Smellie and Hunter; and the Materia Medica of Lewis, were in general use at our political separation from the British empire.'

May we entertain the hope that Dr. Beck will one day extend his labors in this interesting field, and furnish us with what he is evidently so well qualified to supply,—a complete history of the progress of medicine on this continent?

The Obstetric Catechism. By Joseph Warrington, M. D. Philadelphia: Crolius & Gladding. 1842. 12mo. pp. 350.

A very useful manual of obstetric science. It must be generally acceptable to students. It is for sale in this city by C. Wells, Gold street.

Books, &c. Received.

Derangements, Primary and Reflex, of the Organs of Digestion. By Robert Dick, M. D. 8vo. pp. 231. Philadelphia: Barrington & Haswell. New York: J. & H. G. Langley. 1842.

⁂ We will notice this excellent work in our next.

Lectures on Diseases of the Chest. By W. W. Gerhard, M. D., etc. etc. With a Plate. 8vo. pp 157. Same publishers.

⁂ Notice in our next.

Address to the Graduates of the Medical Institution of Geneva College. Delivered Jan. 25, 1842. By C. B. Coventry, M. D., Dean of the Faculty, &c.

Observations on some of the Signs of Live and Still-birth in their applications to Medical Jurisprudence. By John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Phys. & Surg., New York. [From the Transactions of N. Y. State Med. Soc.]

Observations on Ergot. By John B. Beck, M. D., Professor, &c.

Circular and Catalogue of the Officers, Professors and Students of Willoughby University, Ohio. Session 1841–42.

⁂ Fifty-seven students attended the classes.

Ure's Dictionary of Arts, Manufactures and Mines. Illustrated with 1241 Engravings. Published by Le Roy Sunderland, 138 Fulton street, New York. Nos. 3, 4, and 5.

⁂ This valuable work is, we are happy to hear, meeting with much success. We have already strongly recommended it.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, April 16, 1842.

Biographies of Eminent Physicians and Surgeons.

Encouraged by the remarkable success with which our Journal has already met,—success unprecedented, we believe, in the annals of medical periodicals in this country,—we have made arrangements for the publication in our columns, of biographical notices of the most eminent members of the profession, in Europe and America. This undertaking will necessarily be attended with considerable expense, but as we are confident that it will receive general approbation, we have no fear that the work will not be adequately sustained. We will, in carrying out this scheme, supply a great desideratum in our professional literature, and place within the reach of all, an amount of valuable and interesting matter, which is at present rarely accessible even to the few.

The memoirs of eminent American physicians and surgeons will be illustrated by beautifully executed portraits of such of them as are now flourishing amongst us: and as the biographicaln otices will contain accurate details of the professional career, contributions to literature and science, personal description and anecdotes of the individuals selected for this great National Medical Portrait Gallery, we are certain that the mere annunciation of our scheme will excite universal interest. Our intention will be carried into effect immediately, and in an early number our readers will see the first fruits of our labor in this new and prolific field.

Mrs. Betts' Uterine Supporter.

We have recently had an opportunity of examining the uterine supporter introduced a few years ago by Mrs. Betts, of Philadelphia, and we can very cordially add our favorable opinion of its merits, to the almost unanimous expression of approbation which the invention has received, from our professional brethren in the city of brotherly love, where it has been heretofore more extensively introduced into practice than in this place. We have no hesitation in saying that in a great many cases of prolapsus uteri, this simple apparatus will be found infinitely preferable to the pessary, against the use of which there is, in the minds of most females, a strong and often insurmountable prejudice, and which is, at best, in our opinion, a very indifferent contrivance. Mrs. Betts' apparatus is perfectly simple, can be applied without the least difficulty, occasions no inconvenience, and certainly effects, to a very great extent, the important purposes of its invention. Mrs. Betts intends making periodical visits to this city, for the purpose of disposing of and applying her supporters, and we have great pleasure in recommending our brethren here to avail themselves of her invaluable assistance, in the treatment of a numerous and most interesting class of sufferers.

Homœopathy Exposed.

The Duke of Canizzaro died from taking three pills at once, ordered to be taken singly, either through his own mistake, or through that of his *homœopathic* physician, and these pills it is said contained *arsenic*. Thus we see a nobleman, in the enjoyment of a large fortune, dying, *poisoned like a rat*. Considering these pills were prescribed in conformity to *homœopathic* practice, in which only *millionth* doses are supposed to be used, so that a few hundred thousand portions might be taken without producing death, one cannot but look upon this result as no less extraordinary than unfortunate. It gives rise to no little matter of reflection upon the source of the active effect of these doses of fabulous diminutiveness, and it shows that those optimists may err who think that homœopathy is a mere hocus-pocus, like the *papalo* of the seventeenth century. We have always thought and said that the clever rogues among the homœopathists take good care to give active doses of medicine under cover of their infinitesimal humbug. Here is a case in point. How could the Duke of Canizzaro die from swallowing two or two hundred millionths of a grain of arsenic? The quackery and imposture of the thing are palpable. But it is of no use telling the public to avoid quacks. They *will* be gulled, and therefore individuals, like the Duke of Canizzaro, must pay for it.

A System of Practical Medicine, comprised in a series of Original Dissertations. Arranged and edited by Alexander Tweedie, M. D., F. R. S., Fellow of the Royal College of Physicians, Physician to the London Fever Hospital, etc. With Notes and Additions, by W. W. Gerhard, M. D., Lecturer on Clinical Medicine to the University of Pennsylvania, Physician to the Philadelphia Hospital, Blockley, etc.—The Second American Edition.—In three volumes, 8vo. pp. 655, 627, 734. Philadelphia: Lea & Blanchard. 1842. New York: Wiley & Putnam.

It is so much a work of supererogation to commend to the favorable notice of the profession, the valuable series of treatises, on the most important subjects embraced in medical science, contained in these beautiful volumes, now that they have already passed through a very large edition, that we feel strongly inclined to limit ourselves strictly to the simple annunciation that they are just issued in an improved form, and at a reduced price, by the respectable publishers to whom we have been so repeatedly indebted for reprints of standard European publications. But, peradventure, our voice, which now fortunately finds utterance in every corner of this western world, may penetrate where even Philadelphia medical publishers have failed to reach, and therefore we will briefly advert to the claims which the work before us possesses on the attention of the profession.

Nothing, in our opinion, has contributed more to the advancement of medical science in our day, than that change in the character of its literature of which these volumes afford an example. Instead of the elaborate quartos, comprehending the whole range of science, and each the result of individual effort, which enlightened the men of the last generation, the medical press now teems with monographs on every ill 'which flesh is heir to,' written by men who, as in the case before us, 'have specially devoted themselves to the study of the disorders which form the subject of their articles.' And the results need no expositor. Crude and ill-digested systems, and fanciful speculations, are giving place to the deductions of observation and practical experience, and we are rapidly obtaining precision in our medical reasonings.

Of this new order of medical literature these volumes are a favorable specimen. We have in them upwards of one hundred and fifty treatises on the most important diseases, arranged in the most convenient and proper form, and composed by men of the most unequivocal reputation as practitioners, and acknowledged ability as writers. Such names as Christison, Joy, Williams, Locock, Gregory, Symonds, and last,—certainly not least,—Gerhard, are in themselves a sufficient guarantee of the excellence and value of any work in which these distinguished men may be engaged. We do not know any recent work which has met with more marked success in Great Britain than this, and its reception here has been equally favorable, and gives us unmingled satisfaction. Every man who desires the advancement of medicine, and the spread of sound scientific principles, will rejoice in the circulation of a work of such genuine merit. It is, indeed, what it purports to be, 'A Library of Practical Medicine,' and contains more profitable matter than is often found in the tomes of a dozen shelves.—We most conscientiously commend it to those of our readers who do not yet possess it, and confident are we, that those who follow our advice, will, on examining the work, endorse every word we have written in its favor.

THE MEDICO-CHIRURGICAL REPORTER.

Surgical Clinique of the Crosby-street Medical School.

UNDER THE MANAGEMENT OF

Professors Parker and Gilman.

Monday, April 11.

This *Clinique* was, as usual, attended by a crowd of students. The cases were numerous, but although of great interest to the student, did not call for extended notice in this place.

Dr. Swett's *Clinique* on Saturday was also well attended, and afforded opportunities of acquiring practical acquaintance with various diseases of the chest, seldom met with, and certainly not equalled by any medical school in this country.

Dr. Bulkley commenced his *Clinique* for diseases of the skin, at the Crosby-street College, on Monday, and exhibited a number of very interesting cases. The important practical differences between diseases of the scalp in infants and children, were first pointed out and explained by means of engravings, and the diagnostic marks between them then clearly illustrated by four cases, two of *Eczema capitis*, the form of disease so frequently affecting children during nursing and first dentition—a form which is not contagious, leaves no scars, and does not destroy the hair—known often under the name of *Crusta lactea*, or *milk-scald;* and two very well-marked cases of the true *Porrigo*, which is communicated by contagion, and produces permanent baldness, and which is called *scald-head* in popular language. A third form of disease of the scalp was also alluded to in this connection, and an engraving shown, giving a very correct representation of a case of *Pityriasis capitis*, exhibited on a former occasion, and which was readily identified. Remarks were then made on the treatment of these affections, more especially of the contagious form.

Three cases of squamous disease were also shown—two of *Psoriasis guttata*, and one of acute *general Pityriasis*, affecting the chest, body, and limbs, a severe and rare form of disease, of which but little is said in the books. One of the cases of *P. guttata* was of long standing, and was hereditary in its origin, the mother of the patient having been affected by it. The eruption was very abundant, and scattered over the body and limbs in the characteristic patches of that diseases. It is now decidedly fading under the use of the saturated tincture of cantharides, commenced in doses of five drops three times a day, and gradually increased to ten drops at the same intervals, in camphor mixture, for the purpose of guarding the urinary passages from its effects. No external remedies have yet been used—warm baths were recommended. Dr. B. then spoke at some length on the different modes of treatment, both external and internal, of this disease, which our limits will not allow us to insert. The other case of *P. guttata* was confined to the lower extremities almost entirely, and was evidently connected with irregular habits of life.

The case of general *Pityriasis* covered the entire surface of the body and limbs. This was the third or fourth attack which the patient had experienced since it first appeared, which was some years ago. The treatment of such cases is antiphlogistic and soothing in the early stage—afterwards, tonics and nourishing diet are necessary—sulphate of quinine, with elixir vitriol, is one of the best tonics. In one case seen by Dr. B. in consultation last year, baths of sulphate of potash were found very efficacious in the latter stage of the disease.

Besides the cases of eczema affecting the head, were four other cases of that disease on other parts, all of them chronic; in one of which it was seated on and behind the ear, in another on the back of the head, in another on the back part of the neck, and the other affecting the shoulder and arm of a colored female. This last case was remarkable in its character from the great thickening of the skin which had taken place, and the roughness of the surface, presenting an appearance not unlike the early stage of the Barbadoes leg, as it is called.

A case of *Lichen*, improving under treatment, was also exhibited, and a well marked case of *Eczema impetiginades*, affecting principally the hands, arms, abdomen and thighs of a mulatto, recently arrived from sea; an eruption very common among immigrants arriving here during the spring and summer months, and resembling itch so much as to be not unfrequently mistaken for it by those whose attention has not been directed to a disease appearing under such circumstances, and of which Dr. B. has seen numerous cases.

Besides the thirteen cases shown, others were at hand, but the hour for Dr. Parker's *Clinique* had arrived, and there were too many patients in waiting for him to warrant Dr. B.'s trespassing much on his time.

It is not surprising that these three *Cliniques*, conducted, as they are, with such judgment and ability, should attract such crowded audiences.

Surgical Clinique of the Stuyvesant Institute Medica School.

UNDER THE MANAGEMENT OF

Professor Pattison.

Saturday, April 9.

The *Clinique*, we are sorry to say, was miserably attended. A child with sore eyes, and an old sailor with spinal disease, were the principal cases.

['Audi altera partem,' is a maxim which we are disposed to observe to the fullest extent consistent with propriety and reason, and therefore we give place to the following communication, leaving the easy work of criticism and exposure in the able hands of our respected correspondent, on whose article Dr. [?] Mattson animadverts. —Ed. L.]

Remarks on Capsicum and Lobelia Inflata;

Or, a brief notice of Dr. Williams' article, entitled 'Post-mortem Examination of a Thomsonian Victim.'

TO THE EDITOR OF THE LANCET.

Sir:—

About a fortnight ago, while in New York, I addressed you a note, requesting the privilege of replying to an article in your journal by Dr. Williams, entitled 'Post-mortem Examination of a Thomsonian Victim,' and you informed me, through the bearer of said note, that you would be happy to receive my communication. A few hours after the message was received, I left New York for Boston, and have had no leisure until the present time, to prepare any remarks upon the subject. I informed you in my note, that it was not my desire either to oppose or advocate the Thomsonians, but to say a few words in favor of capsicum and lobelia inflata, which had been represented in an unfavorable light by Dr. Williams. Two months, or thereabouts, have elapsed since Dr. Williams' communication made its appearance, but it is not too late, I trust, for the publication of an answer.

The 'victim' alluded to above, was an individual residing in Deerfield, Mass., who was attacked with typhoid fever—typhoid, as I infer—and was placed under treatment by a 'steamer,' to use Dr. Williams' own language. According to the nurse, two emetics of lobelia were administered to the patient, followed by powdered white root, bayberry bark, &c.; and 'once at least, whilst in a state of prostration, *hot-drops* were given internally.' The patient finally died, and Dr. Williams, at the request of the friends of the deceased, who were opposed, it seems, to the practice which had been pursued in his case, made a post-mortem examination. The writer says—'The stomach was considerably distended; the external appearance of it was nearly natural. We found in it considerable dirty, bilious-looking matter. The external coat of it was a good deal inflamed. * * * Peyer's glands in the intestinum ileum, were very much enlarged, inflamed, thickened, and ulcerated. * * * The glands were numerous in the jejunum, and this intestine was nearly perforated in several places by ulceration of them. Indeed almost the whole of this intestine was in a high state of inflammation. * * * We found high inflammation in the lower part of the colon, with a great deal of ulceration for about ten or twelve inches above the rectum; so much so that the muscular and mucous coats of this intestine were nearly perforated by it, and upon holding up this intestine towards the sun, the peritoneal coat appeared to be as thin as tissue paper.

* * * The rectum was even more extensively ulcerated than the colon, and almost perforated.'

These are the prominent post-mortem appearances which I have thought proper to recapitulate. Dr. Williams, after summing them up, remarks—'How far from an inflamed state of Peyer's glands in the intestines, could the use of the heating lobelia, or of the Thomsonian hot-drops, composed of the strongest cayenne pepper, alcohol, and myrrh, be justified? Could the use of any acrid stimulant like lobelia or cayenne, be of any advantage in inflamed bowels from any cause; but would they not have a tendency to aggravate the complaint? How far might the administration of these powerful stimulants have induced the inflammation of the stomach which we perceived in this case! How far might the use of stimulating injections of cayenne and lobelia induce the ulceration of the retum and lower part of the colon?'

In regard to the inflammation of the stomach, I do not know whether it was confined to the external or internal tissue of this organ, and therefore I shall not make it the subject of criticism. In one place Dr. Williams says, the the external appearance of the stomach was nearly natural, and in the next line but one he remarks, that the external coat of the organ was a good deal inflamed. Here you will perceive is a trifling discrepancy—and discrepancies you know should be avoided in treating of important subjects.

Dr. Williams endeavors to convey the idea, that the inflammation of Peyer's glands was due to the 'heating lobelia,' or the 'Thomsonian hot-drops,' the latter of which he informs us are composed of the strongest cayenne pepper, alcohol, and myrrh; and yet he acknowledges what, as a professional man, he would not pretend to deny, that inflammation or ulceration of these glands, is one of the characteristic symptoms of typhoid fever. Now is it fair or legitimate, under these circumstances, to attribute the inflammation to the use of lobelia and cayenne, without some positive knowlege on the subject? If I were invited to make a post-mortem examination of a subject who had died of typhoid fever, and finding a high degree of inflammation throughout the intestinal canal, was to attribute it to the calomel, or some other irritating substance which had been employed by the attending physician, I should not only be denounced as a *medical heretic*, but accused of doing rank injustice to the medical profession.

Dr. Williams is certainly in error, when he supposes that lobelia is capable of producing inflammation or ulceration of the intestines; and I am induced to believe that he has little or no practical knowledge of the medicine, or he would have advanced a different opinion. I have used lobelia for a long series of years, and never knew it to produce any such results. In fact, it has the advantage, in this respect, over every other emetic with which I am acquainted; for while it thoroughly unloads the stomach of its vitiated contents, it is not harsh in its operation, and does not lay the foundation for a diseased or morbid condition of that or any other organ. This is more than can be said of tartarized antimony, sulphate of zinc, or other similar emetics employed in the allopathic practice; for they are proven to develope inflammation of the stomach and intestines, where none previously existed. Lobelia, on the other hand, is free from all irritating properties, and is not even cathartic, though I am aware that a different opinion has been promulgated by some writers on materia medica. Hence, in those cases of debility, where it is necessary to evacuate the stomach, it may be safely and efficiently employed, while the administration of almost any other emetic would be dangerous or hazardous. Much depends, however, upon the proper exhibition of the medicine, in order to derive the full benefit of its remediate virtues. I should be happy to extend my remarks on lobelia, as a therapeutic agent, but I presume you cannot consistently grant me the requisite space.

I further disagree with Dr. Williams in regard to cayenne having any tendency to produce inflammation—that is, if he has reference to the *copsicum baccatum* imported from Africa and the West Indies. I have for a long time been in the habit of employing cayenne of this description in fevers and inflammations, and I am satisfied that it is one of the best remedies we have in subduing these maladies. It is a pure stimulant, and operates kindly and gently upon the system, without injuriously affecting the brain, or giving rise to any other derangement in the animal machine. Although termed, in common language, a 'heating remedy,' it has no such an effect, notwithstanding its pungency, for it tends in an especial manner to preserve the equilibrium of the circulation, and I need not remark that it is only where the balance of the circulation is destroyed, that there can be any development of morbid heat. The Sumatrans, according to Marsden, who use cayenne freely on their food, do not regard it as heating to the blood, although they ascribe a contrary effect to black pepper, which is the chief product and staple commodity of the country, and which they do not eat with their food. We infer from this that cayenne is a purer stimulant than black pepper, having no tendency to derange the circulation, or occasion febrile or inflammatory symptoms.

In the case reported by Dr. Williams, the cayenne was used in the form of *hot-drops*, which, besides this ingredient, are composed, we are informed, of the strongest alcohol and myrrh. Now I wish it to be understood, that I am no advocate for the use of alcohol, for I regard it as a poison and not a medicine; and we know that it frequently produces inflammation of the stomach and intestines, as well as an inflammatory condition of the general system. It is a stimulant, to be sure, but one of a highly injurious character, and is usually followed by narcotic effects. Excepting as an external application, therefore, I am inclined to the belief that it would be well to banish it from medical practice. I would also suggest the propriety of relinquishing the use of all narcotic, poisonous, and acrid stimulants, such as opium, phosphorus, mustard, and so on to the end of the chapter.

Why Dr. Williams, who is probably an advocate for the use of alcohol as a remedial agent, should have objected to the administration of *hot-drops* while the patient was in a *state of prostration*, is more than I can divine, for it is a common practice among physicians to prescribe alcohol, in some form or other, in low or sinking cases of typhoid fever. Hot-drops are not a remedy which I would employ myself, but I regard them as far superior to wine or brandy as a stimulant, for the cayenne will in some measure counteract the evil effects of the alcohol.

Cayenne is frequently used by physicians at the present day in scarlet fever, particularly where the throat is ulcerated, and they speak highly of its efficacy in this malady. Hence an interesting query arises, why it should exercise so beneficial an influence in ulceration of the throat, and yet prove so baneful in inflammation of Peyer's glands? Dr. Williams, in all probability, will be able to throw some light upon this important subject.

Medical men are too much disposed to theorize, when nothing but matter of fact can solve the problem under consideration. Thus it is in regard to the use of cayenne in fevers and inflammations; and though I am opposed in my views by the great body of the medical profession, I know, from a long and extensive employment of the article, that it is an invaluable agent in the treatment of fevers of inflammations, because it has a powerful tendency in restoring an equilibrium to the circulation.

The 'ulceration of the rectum and lower part of the colon,' spoken of by Dr Williams, is not so rare an occurrence in typhoid fever, as to have warranted him in ascribing it to the injections of cayenne and lobelia. He seems to have no charity for the poor 'steamer,' as he terms him, and jumps at conclusions with an eagerness which savors rather strongly of the partizan. If one of his own patients was to die of typhoid fever, and it was discovered, after death, that the rectum was in a high state of inflammation, he would probably be the last man in the world to suggest that it was owing to the treatment he himself had pursued.

Dr. Williams says, he 'has known almost excruciating agony induced in a patient from the administration of a lobelia injection, under the direction of a Thomsonian physician.' This is a grave and serious charge, but are we to object to the use of a remedy merely because it may occasion the patient momentary inconvenience or suffering? If so, Dr. Williams, hereafter, if he wishes to be consistent, will not employ blisters, because they occasion severe distress; nor administer calomel, because it frequently gives rise to painful salivation. In regard to injections of lobelia, however, I must remark, so far as my experience has extended, that they do not occasion pain in all cases, and when it *is* produced, it rarely lasts more than a minute.

Whether the treatment pursued by the 'steamer' aggravated the ulceration of the intestines, I am not prepared to say, as he may have administered purgatives, and other irritating agents, which were calculated to produce this result; but I am satisfied that the two emetics of lobelia, spoken of by Dr. Williams, together with the modicum of hot-drops, containing though they did a portion of cayenne, had no agency whatever in the matter.

Very respectfully, yours,

M. Mattson, M. D.

Boston, Mass., April 8, 1842.

Nitrate of Silver in Derangement of the Stomach.

FROM DR. DICK'S WORK ON DYSPEPSIA.

A young gentleman, who had stomach ailments almost from infancy. The most distressing symptom, however, was eructation of an acid and burning fluid and gas from the stomach, which often commenced even during meals, and continued for hours afterwards. Yet the bowels were regular, urine natural, and the functions of the skin normal, with sound sleep—and no apparent disorder or disease of any other organ in the body.

'The case of this young gentleman appearing to me to betray a union of morbid secretions and morbid sensibility, I commenced the treatment with small doses of blue pill and ipecacuanha, from which no immediate benefit appeared to result. I then put him upon a month's course of nitrate of silver, with a view to allay the morbid sensibility of the mucous membrane. The effect in this, as in almost every other case in which I have tried it, was surprising and gratifying in the extreme. This patient, in common with many others who had taken this medicine, warmly expressed the great relief from irritation, flatulence, cutaneous chillness, discomfort, which it promptly procured them. This gentleman assured me that he had not felt himself so much in possession of the *sensation* of health, so far back as his memory could carry him, as he did since he begun the use of the medicine in question. I have once or twice laid it aside from fear of its discolorizing property; but, after a while, returned to it, and always with augmented benefit. And this young man who, when he came to me, did not dare to go into company, partly from the depression of his spirits, partly from his well-founded terror of being led into dietetic excess, partly from the disastrous effects which the moral excitement of society ever had on his enfeebled and irritable nervous system; who, when I first saw him, was plunged into the deepest despondency and despair, is now cheerful and confident,—mingles freely in society, and looks and feels like one in excellent health.'

This is a very striking case, and we think we may pretty confidently say that the oxide of silver will be found equally beneficial in gastric derangements, with little or no risk of discoloration of the skin.—*Med. Chir. Rev.*

[In the Medico-Chirurgical Review for July, 1840, Mr. Lane has published an interesting article on the efficacy of the oxide of silver in dyspeptic complaints. Mr. Lane's theory is that the *nitrate* of silver on being taken into the stomach, is converted into a chloride by the free hydrochloric acid of the gastric juice; this is taken up into the circulation, and when conveyed to the cutaneous surface, is converted into an *oxide* by the action of light and the strong affinity of albumen. This oxide cannot, apparently permeate the capillaries, but becomes indelibly fixed, occasioning extreme disfigurement: but if the chemical process just described be *anticipated*, and the silver be primarily introduced into the stomach as an *oxide* instead of a *nitrate*, its transmission to the skin would probably be prevented; for since the cutaneous papillaries are not permeable to its egress when once deposited in the skin, as is the bile in jaundice, neither should we expect them to be permeable for its ingress. Mr. Lane, moreover, considers silver to be primarily a sedative, acting directly on the nervous fibre; and especially influencing the nerves of *organic* life which control the capillary circulation; while the action of lead is on the nerves of *animal* life—those of sensation and voluntary motion. Silver, moreover, acts on the uterine system, and especially in diseases where there is undue secretion and great irritation. Mr. Lane has now administered the oxide of silver for two months, at intervals, without the slightest tendency to discoloration, even though in one case repeated salivation was caused.

Dr. Golding Bird, has given the same remedy for four months, without any bad effects. Mr. Lane enumerates several cases in which this remedy was efficacious; such as cardialgia and pyrosis, in which we have half grain doses twice a-day—intestinal spasm, followed by nausea and pyrosis—gastrodynia—irritable state of the stomach, accompanied with gnawing and constant pain, and nausea, &c. In all these cases about a grain daily was administered, and were soon relieved; so soon, indeed, that we do not see any particular advantage in the oxide over the nitrate, as the dreaded discoloration never makes its appearance except under a tolerably long course of this powerful remedy. In cases where organic mischief exists, it is of no use. Dr. Bird found that in cases characterised by a glairy discharge from the stomach, which he considers analogous to the follicular gastric dyspepsia of Dr. Todd, it was of little use. Several cases of uterine hemorrhage, both in the unimpregnated and in the impregnated state, are given, in which success attended it. But in all or most of the cases related by Dr. Lane, we might have administered the nitrate with equal safety and efficacy. If he had given us cases of long duration, in which the long continued use of the nitrate would have been inadmissible, we should have seen some reason to have changed our old favorite remedy for the new one. However, there is no doubt that it may prove a valuable addition to our stock of remedies, and we therefore beg to recommend the careful perusal of Mr. Lane's papers to the profession.]—*London Lancet, July* 10, 1841.

[On the use of the *chloride of silver* the following observations are made by Dr. Perry, resident Physician of the Philadelphia Hospital.]

It must be universally acknowledged, that the nitrate of silver administered by the mouth can never act as nitrate of silver on the system, since any dose which could be ventured upon must, immediately on entering the stomach, be converted into the chloride of silver, from the chloride of sodium of our food, or the hydrochloric acid of the gastric juice. The chloride must then, à priori, be considered as efficacious equally with the nitrate, while it will be found less uncertain in its effects, more convenient for exhibition, less liable to decomposition, and free from its nauseous taste. It may be given, too, in any dose thought necessary to produce the alterative and tonic action of silver without danger. In less doses than thirty grains no irritating or manifest effects result. Thirty grains given at once will generally produce emesis. The best form of exhibition is in pill. To children it can be given as a powder suspended in syrup. Twelve grains administered daily for three months have produced no unpleasant symptoms, and none of my numerous and long-continued courses of the remedy have been followed by discoloration of the skin. In epilepsy; three grains, given four or five times daily, produce effects similar to those of nitrate of silver, but more marked. In chronic dysentery, half a grain to three grains thrice daily produces immediate diminution in the number of stools, and tormina, with amelioration in the character of the stools and other symptoms. I have not ventured to use it freely in acute dysentery, but in a few cases in which it has been administered, its effects seemed equally beneficial. In chronic and colliquative diarrhœa, benefit was derived from its use in the same doses, but not so markedly, uniformly, or permanently. The catamenia suspended for years have, without any adjuvant treatment, returned after its free exhibition for two or three weeks. One case of secondary syphilis (the only one in which it has been tried) improved rapidly under it. —*American Medical Library and Intelligencer, Feb.* 1841.

Parturition without Consciousness.

BY T. E. RAWSON, ESQ., KEGWORTH, LEICESTERSHIRE.

[The following case is interesting in a medico-legal point of view, and ought to be known by every practitioner, especially as the opinions of most eminent accoucheurs are of a contrary nature. Mr. Rawson was called to this case immediately on the waters being discharged. No pain was present, and she was asleep on his arrival.]

On examination I found the os uteri dilated, and the head presenting. The child was slowly and *unintermittingly*, but forcibly, expelled. She betrayed no symptoms of uneasiness whatever, and though I watched her countenance, she did not exhibit the least consciousness of the child's expulsion, but expressed her surprise on seeing it. The child was strong and lively, and, with the mother, did well. The mother was about two-and-twenty, short, plethoric, and *healthy*. She was strictly respectable, and had been married full ten months; indeed, she could have no motive whatever for disguising her feelings.

I conceive the above case is interesting in a medico-legal point of view. Dr. Montgomery doubts the possibility of such an occurrence, 'excepting under peculiar circumstances, *certainly not in a first delivery*.'—(Dr. M.'s 'Exposition of the Signs and Symptoms of Pregnancy.') In Beck's 'Medical Jurisprudence' it is said that 'the possibility of a woman being delivered without being conscious of it is disbelieved, *excepting some extraordinary and striking cause intervene*.' But if such a circumstance *can happen* with a *first child*, it must have its full weight in cases of infanticide.—*Lancet, Nov.* 27, 1841.

THE COLLATERAL SCIENCES.

On the connection between Malaria and the spontaneous evolution of Sulphuretted Hydrogen from different localities.

BY PROFESSOR DANIELL, KING'S COLLEGE, LONDON.

[It has long been known as a fact, but never satisfactorily accounted for, that when ships navigated certain seas and estuaries, their copper sheathing became unusually injured, apparently by some chemical decomposition—but for some time this was not even suspected; and an action was in one instance brought by certain merchants against the company which coppered their vessel, on account of the supposed badness of the article; and the verdict was against the defendants. This decomposition is found to take place only or in a great degree in certain localities where the sulphates, as those contained in sea water, act on dead vegetable matter, giving rise as will be seen, to the evolution of sulphuretted hydrogen.

The Lords of the Admiralty first directed the attention of Professor Daniell to the examination of certain waters of the ocean, in which their ships had been injured. The first water which he examined was from the river at Sierra Leone, taken at three miles from the mouth. Upon drawing the cork there was a powerful smell of sulphuretted hydrogen, which he at first thought to have been generated from some change which had taken place in the water after it had been bottled, from the decomposition of some animal or vegetable substance, but he found this to have been impossible, as the whole sediment did not exceed half a grain.

Sulphuretted hydrogen is found in the waters of Harrogate, and Aix-la-Chapelle, as well as in the estuaries of large rivers, and immense tracts of ocean. In the ocean it is found on the western coast of Africa alone, through an extent of more than sixteen degrees of latitude, and reaching in places forty miles seawards, making altogether an area of forty thousand square miles in extent.

The idea of the origin of this sulphuretted hydrogen was first suggested to Professor Daniell by a memoir of Dr. Malcolmson, who speculates upon the origin of sulphuretted hydrogen in the saline lakes of different parts of the world, being 'the decomposition of the sulphates in the waters by the carbonaceous matter of vegetables.' Professor Daniell tested this hypothesis by the following experiments:—]

On the 2d of November, 1840, I placed a quantity of newly-fallen leaves in three glass jars capable of holding about a gallon and a half of water.

No. 1. Upon the first I poured about a gallon of New River water.

No. 2. Upon the second I poured about the same quantity of the same water, in which three ounces of common salt had been dissolved.

No. 3. Upon the third, the same quantity of water, in which three ounces of crystallized sulphate of soda had been dissolved.

The three jars were then placed in a warm chamber, the temperature of which varied from about 70° to 110°, and the water was filled up from time to time, as it evaporated, and the mixture well stirred.

Upon examining them on the 5th of February, 1841, (three months,) the following was found to be the state of the jars:—

No. 1 had a very disagreeable odor, but produced no change whatever upon paper soaked in acetate of lead.

No. 2 was perfectly sweet, and possessed, indeed, a rather agreeable odor. It produced no effect, of course, upon the test paper.

No. 3 had a most insupportable sickening odor, much worse than that of pure sulphuretted hydrogen, and instantly blackened paper soaked in acetate of lead, throwing down sulphuret of lead with a metallic lustre.—*Medical Gazette.*

[Professor Daniell then goes on to say:—]

The analysis of sea water generally, and these analyses in particular, show that a large proportion of sulphates is always present in them, and there is no doubt that extensive mud-banks must be formed at the mouths of the African rivers, within the tropics, consisting chiefly of vegetable detritus, in the exact state which is most favorable for this action.

But now a much more important and interesting question than that of the preservation of the copper sheathing of ships forces itself upon our attention, and that is, whether the existence of this deleterious gas in the atmosphere, which must necessarily accompany its solution in the waters, may not be connected with that awful miasma which has hitherto proved so fatal to the explorers and settlers of the deadly shores of Africa; and whether, if so, science may not suggest something to palliate an evil which is so dreadfully opposed to the progress of civilization in those parts.

When this matter was first brought under my consideration, I was surprised that the nauseous smell which must necessarily be evolved from water impregnated with this gas, at so high a temperature as that of the equinoctial regions, had not been noticed. I have in consequence turned to some of the accounts of the late travels in Africa, to seek for evidence upon the subject; and in the narrative of an expedition into the interior of Africa, by the river Niger, by Macgregor Laird and R. A. B. Oldfield, I found the following important observations:—

'The principal predisposing causes of the awful mortality, were in my opinion the sudden change from the open sea to a narrow and winding river, the want of the sea breeze, and the prevalence of the deadly miasma, to which we were nightly exposed from the surrounding swamps. *The horrid sickening stench* of this miasma must be experienced to be conceived: no description of it can convey to the mind the wretched sensation that is felt for some time before and after daybreak. In those accursed swamps, one is oppressed not only bodily but mentally with an indescribable feeling of heaviness, languor, nausea, and disgust, which requires a considerable effort to shake off.'

Now, these observations were made in the very locality from which some of the first waters which I examined were taken, and nothing more is wanting to identify the cause of the rapid decay of the ship's copper with that of the mortality of the climate.

It has been experimentally found, that so small a mixture as a fifteen-hundredth part of sulphuretted hydrogen in the atmosphere, acts as a direct poison upon small animals, and the sensations of languor, and nausea, described by Mr. Laird, are exactly those which have been experienced by persons who have been exposed to the deleterious influence in small quantities.

The symptoms, in cases where this gas is breathed in a state of concentration, well known to medical men, are sudden weakness, and all the signs of asphyxia : the individual becomes suddenly weak and insensible : falls down, and almost immediately expires. When the exposure has been too slight to cause serious mischief, the individual is affected with sickness, colic, imperfectly defined pains in the chest and lethargy.

The close investigation which I have since given to the subject, more and more convince me that the worst cases of *malaria* are generally connected with the presence of sulphuretted hydrogen.

There is a paper in the twenty-ninth volume of the *Annales de Chimie*, p. 225, by Signor Gaetano Giorgini, which offers the strongest possible confirmation of my opinion.

'The observation of Signor Giorgini has been drawn to the state of the atmosphere in the neighborhood of certain marshes on the borders of the Mediterranean, and by reference to historical data, and various documents, he has proved the great importance which attaches to the circumstance of their being, at times, in communication with the sea, so as to have a mixture formed between their waters and that of the sea. Both ancient and modern authors have announced the fatal effects produced in the neighborhood of marshes by such mixture, and a local belief of the same thing is very common and strong.

On the south of the Ligurian Apennines is a marshy shore, bounded on the west for twelve miles by the Mediterranean, on the south by the river Serchio, and on the north by the river Frigido, a torrent commencing at the foot of the Apennines, in the state of Massa di Carrara, running three or four miles over the land, and then falling into the sea. The plain is from two to four miles wide, and is traversed by a few short torrents or streams; among these are the rivers Camajore and Pietra Santa, which divide the plain into three separate basins. The rain and spring water which flow into the three basins mentioned, are slowly discharged into the sea by natural or artificial canals, penetrating the sand-bank, which exist on the sea-side.

The level of these stagnant waters is between that of high and low water in the neighboring sea ; there being but little difference between these two points in this part of the Mediterranean. In this state of things, formerly, when the waters of the sea rose from any circumstance (unless the waters of the marshes were very high,) they used to return up the ditches, fill the basins, and inundate the country to the foot of the mountains ; and with a north-west wind, the waves used to penetrate with force to the interior. The mixture of fresh and salt water thus formed, and which, in summer, was rarely changed, became corrupt, and spread infection over the neighborhood of the most destructive kind.

In this way the effects of the malaria were reproduced annually in the neighboring country, with all their peculiar horrors : the population, though small, presented feeble infants and diseased men, old age being unknown there. All attempts to avoid the scourge, by living on the hills, or in the interior, and frequenting the plain when the business of cultivation essentially required it, were vain ; they fell victims to the extensive influence ; and such being the effects upon inhabitants of the country, much more rapidly did a stranger suffer from the deleterious atmosphere ; one single night, in the months of August and September, causing inevitable death to the incautious traveller who should stay so long in this infected country.

Such was the state of things until 1741. Previous to that time, Gemignano Rondelli, Eustachio Manfredi, and Bernardino Zendroni, had successively insisted upon the necessity of excluding the sea from these marshes ; and, in 1740–41, a sluice; with folding doors, competent to give emission to the waters of the marsh, but prevent the sea from entering, was constructed at the mouth of the Burlamacca. The most complete and unexpected success immediately followed upon, and has continued with, this work. The year after its completion there were no appearances of the terrible maladies which previously appeared every year. The inhabitants soon recovered health, and the land being very fertile, the population rapidly increased, and is increasing at this moment. Viareggio has become a considerable town, and so completely has all suspicion of its insalubrity disappeared, that the first families of the city of Lucca have for years built their summer seats there. Notwithstanding the success of the precautions taken at this part of the coast, the neighboring parts were long left a prey to the destroying influence of the mixed marsh-waters ; and the inhabitants around the basins of Motrone and Perotto were not considered until the year 1804. In the years 1809, 1810, 1811, similar means were taken, with the best effects to the inhabitants of Montignosso and the vicinity ; and, in 1812, a sluice was constructed on the Cinquale, which perfected the arrangements in this part, and made a large portion of country equally healthy with Viareggio. To complete the arrangement, it was now only required to guard the ditches of Motrone and Tonfalo with sluices ; the former was finished in 1819, and the latter in 1821. Since that time the diseases of malaria have ceased so entirely at all points, that no other dangers are now incurred regarding the insalubrity of the atmosphere than such as may arise from neglect of these sluices, which the inhabitants of the country should regard as their palladium.'

May not the jungle fever in India depend for much of its malignity upon the same cause ? The soil in many parts abounds not only with the nitrates of potassa and soda, but the sulphates of soda and magnesia ; these become washed down by the periodical rains, and mingling with the decaying leaves, the mutual reaction takes place.

To bring the matter nearer home. Is it impossible that the minor insalubrity of parts of our own coast, such as that of Essex, may have some reference to the same causes acting in minor degrees ? The mud of the river Thames may surely produce the same decomposition of the sulphates in the sea water as that which we have traced in other places. I find that there is a prevalent idea, which deserves investigation, that the ships in the Medway are liable to greater waste of their copper than those at Woolwich, or other places on the Thames.

By the kindness of Sir Isambard Brunel, I have been favored with the particulars of a very remarkable phenomenon of this kind, which attended the progress of the Thames Tunnel, and which proved of great annoyance, and was the cause of great suffering to some of the workmen. This was the evolution of great quantities of carburetted hydrogen mixed with sulphuretted hydrogen gases. In 1837 the smell was extremely fœtid. It frequently rushed out from between the small boards of the shield, used to scour the ground with great force, bursting into a flame, which sometimes extended over some feet, and was generally accompanied by a loud roaring or hissing noise.'

And here again it may be asked, as with regard to the injurious effects of sulphuretted hydrogen upon the copper of ships, can science indicate a remedy, as well as point to the cause of the disease ? And again I would reply, that by furnishing an easy method of detecting the evil, she furnishes you with timely warning to fly from the infected regions. No vessel should be allowed to cast anchor or linger in sulphuretted waters. But if paramount duty should oppose itself to such a course, we have a certain remedy to propose. You have seen how instantly chlorine destroys the gas. Chlorine and sulphuretted hydrogen cannot co-exist together. Plentiful fumigations of chlorine would therefore infallibly prevent the deleterious effects ; and the antidote is at once cheap, and incapable, under proper management, to produce any injurious effects to counterbalance its advantages.—*Medical Gazette.*

[The above interesting opinions appear to have been some time since anticipated by Dr. Robert Hamilton, of Lyme Regis, the author of a pamphlet in 1796, on the marsh remittent fever. This fact is communicated by Dr. England, of Wisbeck, who gives the following quotations from this pamphlet of Dr. Hamilton :—]

'The remittent fever is the same disease every where in the neighborhood of low swampy or marshy grounds, which are subject to be overflowed by the freshets after great rains, or to be *covered occasionally by inundation from the sea.*' In allusion to the undrained state of marsh land and the Bedford level at that period, he says, 'The banks in those places near the sea are subject to be broken by the impelling force of high tides, accompanied with strong gales of wind ; and those in the island parts of the country are liable to breaches from the weight of water after great rains. The inundation from the sea are generally followed by worse consequences, in respect to health, than those from the fresh water. If they extend far, they cover much low ground under cultivation, and fill many ditches, which, in many situations, cannot be drained by any other means than evaporation by the heat of the sun. Dead fish, left upon the overflowed land, become putrid, and animal and vegetable life destroyed by the salt water, in the various insects, reptiles, and smaller order of animals, and the different vegetable productions which happen to be covered by it; and the miasmata which must arise from such an accumulation of putrefaction produce the worst kind of remittent fevers.' After one of the irruptions of the sea, he observes, 'The stench of the exhalations arising from the corrupted stagnant water, and putrid half-dried mud or ooze, was most intolerably offensive; the effluvia was almost suffocating; and it was almost impossible to avoid the nausea, and a constant spitting, whilst within their influence.'—*Medical Gazette.*

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Description of a Chinese Smoking Shop.

The smoking-shops are the most miserable and wretched places imaginable: they are kept open from six in the morning till ten o'clock at night, each being furnished with from four to eight bedsteads, constructed of bamboo-spars, and covered with dirty mats and ratans. At the head of each there is placed a narrow wooden stool, which serves as a pillow or bolster; and in the centre of each shop there is a small lamp, which, while serving to light the pipes, diffuses a cheerless light through the gloomy abode of vice and misery. On an old table are placed a few cups and a tea-kettle, together with a jug of water for the use of the smokers. At one side of the door the sub-farmer, or cabaret-keeper, sits with chandoo, pipes, &c., for the accommodation of his customers. The place is filled with the smoke of the chandoo, and with a variety of other vapors, most intolerable to the olfactories of an European. The pipe is composed of a shank and head-piece, the former made of hard and heavy wood, fourteen inches long by three inches and a half in circumference. It is bored through the centre, from the mouth-piece to the head, where there is a kind of cup to collect the 'tye-chandoo.'

The smokers generally go in pairs, and recline on the bedstead, with head resting on the wooden stool. The mode of proceeding is as follows:—First, one of the pair takes up a piece of chandoo on the point of a short iron needle, and lighting it at the lamp, applies it to the small aperture (resembling the touchhole of a gun) in the head of the pipe. After a few whiffs he hands the pipe to his friend, who lights another piece of chandoo at the lamp; and thus they go on alternately smoking till they have had sufficient, or until they are unable to purchase any more of the intoxicating drug. The fume is always expelled through the nose, and old stagers even draw it into their lungs before it is expired.

During this time, they are at first loquacious, and the conversation highly animated; but, as the opium takes effect, the conversation droops, and they frequently burst out into loud laughter, from the most trifling causes, or without any apparent cause at all, unless it be from the train of thoughts passing through their excited imaginations. The next phase presents a vacancy of countenance, with pallor, and shrinking of the features, so that they resemble people convalescing from a fever. A dead silence precedes a deep sleep, which continues from half an hour to three or four hours. In this state the pulse becomes much slower, softer, and smaller than before the debauch. Such is the general process almost invariably observed among the Chinese; but with the Malays it is often very different. Instead of the placidity that ushers in the profound sleep, the Malays frequently become outrageously violent and quarrelsome, and lives are occasionally lost in these frightful orgies!

The Philadelphia College of Pharmacy.

This valuable institution, the first of its kind in this country, was established in the year 1821, by a number of respectable Druggists and Apothecaries, for the promotion of the sciences of Chemistry, Materia Medica, and Pharmacy, and the year following was incorporated under the above title.

Two courses of lectures are delivered in the winter months; one on Chemistry, the other on Materia Medica and Pharmacy. A student, before he is eligible for graduation, is required to attend two courses of each of these lectures; to have served an apprenticeship of four years, and to produce from his employer a certificate of his good moral character, and also a dissertation on some subject connected with Chemistry, Pharmacy, or Natural History. After an examination before the professors, and a committee of three members, if found competent, he is proposed to the Board of Trustees, whose duty it is to declare him a graduate in the Philadelphia College of Pharmacy.

The College owes much of its reputation to the following gentlemen, who have occupied its professorial chairs since its commencement:—Drs. S. Jackson, George B. Wood, B. Ellis, F. Bache, R. E. Griffith, J. Carson, and William R. Fisher. The two last are the present incumbents, and the latter gentleman was a graduate in this institution.

The number of graduates since its commencement has been eighty-five. Of these, many are distributed over the United States, repaying their alma mater for the care extended in their professional education, by reflecting upon her the honor of their exertion.

A Medical Board

Has been ordered to convene at Philadelphia, on the 2d of May next, for the examination of Assistant Surgeons for promotion, and of candidates for appointment in the Medical Staff of the Army. The Board is composed of Surgeon T. G. Power, President; Surgeon H. A. Stinnecke and Assistant Surgeon J. M. Cuyler, Members.

University of Pennsylvania.

During the past session there were three hundred and sixty-three students in attendance at this venerable institution,—and the degree of M. D. was conferred on one hundred and fourteen candidates for that honor.

To Correspondents.

'Philanthropos' was received, and is under consideration.

We will be very happy to hear from Dr. Batchelder.

Dr. Geo. H. Taylor's interesting communication came to hand, and will meet attention.

We thank our friend in Guelph, U. C., for the expression of his good wishes. His suggestion will receive due consideration.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending April 9, 1842.

40 Men, 44 Women, 41 Boys, 39 Girls. Total, 164.

DISEASES.

Apoplexy	2	Intemperance	0
Asthma	2	Inflammation	0
Asphyxia	1	Of liver	2
Abscess	0	Of bladder	0
Aneurism	0	Of brain	6
Bleeding	1	Of stomach	2
Bleeding from stomach	0	Of chest	4
Bleeding from lungs	0	Of lungs	21
Burned or scalded	0	Of bowels	8
Casualties	1	Of throat	1
Cholera infantum	0	Of womb	0
Cholera morbus	0	Insanity	1
Cancer	0	Killed or murdered	0
Consumption	25	Locked-jaw	0
Convulsions	9	Lues Venera	1
Croup or hives	2	Mortification	1
Debility	0	Malformation	3
Delirium tremens	2	Marasmus	1
Diabetes	0	Measles	0
Diarrhœa	0	Old age	2
Death from poison	0	Organic disease of heart	2
Dropsy	2	Palsy	2
Dropsy in head	8	Rupture	0
Dropsy in the chest	1	Rheumatism	0
Drowned	3	Spinal disease	0
Dysentery	0	Suicide	2
Erysipelas	1	Sprue	1
Epilepsy	0	Small-pox	5
Fever	0	Scrofula	1
Scarlet	7	Teething	1
Typhoid	7	Tumor	0
Puerperal	4	Unknown	0
Remittent	3	Ulceration of throat	0
Bilious	0	Ulcers	1
Inflammatory	0	Varioloid	1
Intermittent	0	Whooping cough	5
Hip Disease	0	Worms	0

WILLIAM A. WALTERS, City Inspector.
City Inspector's Office, April 9, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, APRIL 23, 1842. No. 17.

LECTURES.

A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.
BY
JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture IV.

Serous effusion from organic disease of the heart—Bronchitis and œdema of the fauces occasional complications—Effects of organic disease of the heart on the intellectual powers—The diagnosis of organic disease of the heart—How distinguished from mere functional disturbances of that organ.

GENTLEMEN :—

The dropsical effusion in the lower extremities, which I described at the close of my last lectuure, as occurring in connection with enlargement of the heart, usually commences in an insidious manner. A slight swelling is noticed at first about bed-time, and, of course, if the patient be obliged to walk about or stand much during the day, the effusion will be proportionably increased. In the morning this swelling has disappeared, in consequence of the maintenance of the recumbent position during the night. In this way the dropsy goes on, until after a longer or shorter period, it is found to be permanent. It now spreads upward, affecting the thighs, scrotum, and so on throughout the cellular tissue of the body. Sooner or later during the progress of this anasarca, we have effusions into the serous cavities; and first and most frequently, into the serous cavity of the peritoneum, constituting ascites. Again, we have effusion into the cavity of the pleura, which is, you know, termed hydro-thorax; and again into the cavity of the pericardium, constituting hydro-pericardium. I have stated these effusions in the order of their frequency. These œdematous affections, I would remark, are not confined to the superficial external cellular tissue, but on the contrary, in the course of the disease, the cellular tissue of other parts of the body becomes similarly affected. Thus we have sometimes œdema of the cellular tissue of the lungs—not effusion into the air-cells recollect, that is quite a different affair. Again, the effusion will manifest itself in the cellular tissue about the membranes of the brain, constituting œdema of the brain. *Œdema* of the fauces, extending to the *glottis*, is also an occasional complication of organic disease of the heart. The pathology of this affection is easily understood when we remember that the mucous membrane of the fauces, as well as of the upper portions of the larynx, is loosely connected to the *subjacent parts* by cellular tissue, while *below*, in the trachea, the connection is very intimate, so that an effusion of serum into the upper portion would descend by its gravity and accumulate about the glottis. Professor Jackson, of Philadelphia, has published a very interesting case of this complication in the American Journal of the Medical Sciences for the year 1836, I think, which terminated fatally with symptoms of suffocation. Now, when ascites occurs, we frequently find that the patients begin to complain more or less of a sensation of tightness about the abdomen; they have also slight increased difficulty of breathing. It is difficult, at this early stage, to say, after an external examination, whether the abdomen is actually enlarged or not. One day the abdomen will seem larger than natural, and on the following day it may seem smaller than before. But in process of time, when the effusion becomes abundant, there is, of course, generally little difficulty in discovering the cause of the increase of size. But when the effusion is slight, it is more difficult to ascertain its existence in this way, and to do so requires considerable tact. The common way of ascertaining the existence of this effusion is by palpitation. In these cases you must be careful not to be deceived by a circumstance by which many are misled, and that is a more than ordinary accumulation of adipose matter, or muscular substance. The best way of examining the abdomen in such cases, is to let the patient lie on his back, and then ascertain the precise level of the fluid at a given point by percussion; mark it with your finger, and then request the patient to change his position, and you will find that inside the line where there was flatness on percussion, you have a clear sound. And the explanation of this is easy, when you recollect that in all these cases of effusion the intestines rise above the fluid and collect in a central point, whilst the fluid, from its greater gravity, falls towards the loins and spine, and accumulates there. By this mode of examination you will often succeed in discovering the existence of slight effusion. There is one point in connection with this which I must mention; it does not follow that in every case, especially in females, in which you discover a fluctuating tumor in the abdomen, that it is ascites. You are aware that you may have an encysted tumor there, entirely unconnected with any disease of the heart, and therefore in diagnosing disease of the heart, from this particular complication, you must be careful to discriminate correctly. And it is very easy to designate an encysted ovary. In ascites the intestines rise above the level of the fluid towards the umbilicus, but in all cases of enlarged ovary the intestines are carried back towards the loins, and the tumor, instead of yielding a clear sound on percussion, gives a dull sound.

The next complication is effusion into the pleuræ. In most cases this takes place in only one pleura; when in both, it is usually rapidly fatal. The existence of effusion in the cavity of the pleura is easily detected. When I come to speak of affections of the chest, I will enter more minutely into the subject of hydro-thorax, and will at present merely observe that in such cases there is dulness on percussion, absence of the respiratory murmur from compression of the lung, with perhaps egophony. These are the principal indications which lead to the suspicion of the existence of effusion into this cavity.

Next we have effusion into the pericardium. There is, I believe, a general opinion that this is a common affection. It is, however, beyond a few ounces, as far as I know, of very rare occurrence, being found once in twenty cases, or, as I might perhaps safely say, once in fifty cases of disease of the heart. The symptoms indicative of the existence of this effusion I will hereafter describe.

In addition to these effusions, we have, when we come to examine the bodies of patients who have died of disease of the heart, evidences of a diseased condition of other organs. Nothing is more common in such cases than for the liver to become permanently enlarged and descend below the ribs, so as to produce more or less prominence in the hypochondriac region. When this occurs we find, on making a section of the liver, that it is much loaded with blood, particularly venous blood, though sometimes, when the congestion is of an active character, arterial blood may be found in the greatest quantity. The spleen is also occasionally found enlarged, though by no means so frequently as the liver. The mucous membrane of the stomach and intestines also, sometimes exhibits evidences of a morbid change, being found of a dark red color, and the veins much congested.

There is but one other complication which I shall notice, and that is bronchitis. We hardly ever meet with a case of disease of the heart which has existed for any considerable time, without finding that it is accompanied with bronchitis. This complicated affection may be relieved by appropriate treatment, but its cure is not probable.

I may here allude to what may be in some sense regarded as a complication, and that is the altered condition of the intellectual powers. A case has lately been presented in this city in which my opinion was solicited. A gentleman of fortune died of organic disease of the heart, having made his will only a short time prior to his decease; and an attempt was made to contravene the validity of the will, on the supposition that the individual was not of sound mind when he signed the document. The question then naturally arose whether in organic disease of the heart the intellect frequently became impaired. The testimony of several medical gentlemen was offered, and was quite conflicting—some of the witnesses contending that in such cases the intellect was usually impaired, others maintaining on the contrary that it was not so, or not more so than in other organic affections. Now, in my opinion, it is perfectly settled that the intellect is as sound in organic disease of the heart, as it is in other chronic affections. That a man suffering from severe disease which has exhausted his vital powers, does experience a diminution of intellectual vigor, is not the point in dispute—but it is whether in disease of the heart, the patient suffers a material loss of memory, of the powers of perception and reflection? I have had occasion, time after time, to catechize patients affected with advanced disease of the heart, relative to the early development of their malady, and I have found them generally able to furnish such replies as enabled me to arrive at correct conclusions respecting their case. I know that in many cases the intellect loses its vigor, that the memory may become impaired, and the mind wander, from some change in the brain, the precise nature and extent of which we do not understand. But unless some particular complication occur, the intellect in most cases continues unimpaired. And here let me remark, in recalling to your recollection the statement which I made in yesterday's lecture, that at least the one half of the cases of apoplexy which occur are produced by disease of the heart, that you are not to suppose the converse of this to be true, for a great majority of the cases of disease of the heart do not have any such result.

The next question to which I direct your attention is, whether there are signs by which we can distinguish, during life, the various forms of enlargement of the heart?

In starting from this point, I will take the liberty of expressing my humble opinion that a great deal too much stress has been laid on this part of the subject, and that authors have carried their views somewhat beyond the sober bounds of propriety and fact. In the books you find the various forms of enlargement of the heart nicely laid out in different chapters, and all their symptoms fully detailed, from all which the reader is led to imagine it one of the easiest things in the world to discriminate between these affections, and tell at once which of them presents itself in any particular case. No doubt this can be sometimes done, and a good and practised observer may frequently be able to make a very shrewd guess. But I need not tell you that there is some difference between what is probable and what is certain. However, my reasons for doubting the confident descriptions of some of these authors, will be seen in the sequel.

Hypertrophy of the heart consists in an increase of its muscular substance. We should, therefore, very naturally suppose that the force with which the blood is in such cases sent through the great vessels would be increased. In the early stages of the disease this is the fact. The heart does beat with increased violence; so much so that sometimes, when the stethescope is applied, an impulse is communicated like that of a hammer striking against the chest. The whole body of the patient gives evidence of the shock, and even the bed-curtains are sometimes agitated. Again, it is said that in dilatation of the heart when simple—a very rare form by the way—that the impulse of the heart is less than natural. What has occasioned some misapprehension on these points, is the fact that in simple enlargement of the heart, although the impulse is at the commencement of the disease greater than natural, yet as the enlargement increases the impulse becomes diminished, until, in cases of enormous enlargement, there is frequently very little impulse. One reason is that the heart has no room to play—like an animal imprisoned in a cage, it cannot act with its accustomed freedom; but a more common cause is the fact that notwithstanding the gradual increase in the muscular structure of the organ, its action becomes gradually enfeebled from a diminution of the vital powers. Again, it may be asked, does the state of the pulse afford any diagnostic indication in these affections? I do not regard this as a point of much importance. In some cases the pulse is strong, in others soft and weak, and in other cases it may be perfectly natural. I do not think that any conclusive indications can be drawn from the state of the pulse; it varies in such a remarkable manner in the different stages of these diseases, that it is impossible to obtain from it alone any correct idea of the nature or progress of the case. Thus, it is generally more full than natural at the commencement, but during the progress of the affection and towards its close, when the heart becomes as it were overpowered by the intensity of its own action, the pulse becomes weak and irregular.

How do these chronic enlargements of the heart progress and terminate? No doubt you anticipate me here. Palpitation is usually the first prominent symptom. Sooner or later the patient complains of shortness of breath, and more or less pain and sense of constriction in the precordial region. This state of things goes on, the patient gradually becoming worse. The palpitation and dyspnœa increase, and the patient notices that his lips assume a bluish livid hue, and that there is more or less puffiness or fulness about the eyelids. By and by the feet swell, and this symptom usually excites a good deal of alarm in the mind of the patient. This dropsy appears at night and disappears in the morning, gradually however becoming more permanent and prominent. Effusions into the serous cavities follow. Meanwhile the bodily strength of the patient is becoming impaired—he cannot exert himself as formerly, and loses flesh to some extent—the urine is thick, high colored, and scanty—and bronchitis also appears. Now the termination of these cases is very various. It is certainly a melancholy fact that a great many cases of disease of the heart terminate fatally after a prolonged agony. The accumulation of the effused fluid occasions great oppression, and the unhappy patients are unable to lie down in bed. Others, more fortunate, fall into a sort of typhoid state, and die insensible that their final change has come. In these latter cases there is usually some degree of latent inflammation of the great intestines or lungs, just enough to produce this typhoid state, which soon terminates in death. Again, as you all know, many of these cases of disease of the heart terminate very suddenly. The patients themselves are very apt to inquire about this. In some cases sudden death is produced by rupture of the heart itself. The muscular substance of the heart in those cases becomes much softer than natural, and may even degenerate into a pulpy mass into which the finger may be easily thrust, and when this gives way death is of course the immediate result. I have repeatedly seen instances of this. [A beautiful specimen of rupture of the right ventricle was here handed round the class.] In this case the patient, a gentleman of this city, of advanced age, who, after walking a considerable distance to the Dry Dock, and after eating a hearty meal, returned home much fatigued, and died suddenly that night. [A plate illustrative of rupture of the heart from fatty generation was here handed round.] But this is not the only cause of sudden death in these cases—apoplexy often produces this result. Again, patients sometimes die we do not know exactly why—the heart actually stops—its action becomes more and more feeble and intermittent, and it entirely ceases to beat for a few seconds, then it commences again, and beats with more or less regularity—then the same thing is repeated, until all at once, overpowered by some sudden excitement, the heart becomes filled with blood, ceases to contract, and the patient drops down dead. There have been a few cases noticed in which rupture of the valves occasioned death, which would, of course, speedily follow such an accident.

A very interesting question now comes up—How can we distinguish these organic enlargements of the heart from those affections which are merely functional disturbances? Nothing can be of more practical value than the ability to distinguish between these widely different cases. Let us inquire for a moment into the causes of those functional disturbances which simulate organic enlargements of the heart. Now the most common cause of functional disturbance of the heart is dyspepsia. There is, you know, a most intimate connection between the stomach and the heart, which are, as you are also well aware, supplied by the same set of nerves. Again, very many cases of the most marked form of functional disorders of the heart, and which, from the rational signs, would certainly be set down as cases of organic disease, are dependent on spinal irritation. A case of this description was related to me, not long since, and as it is so strikingly illustrative of this class of functional disturbances of the heart, that I cannot refrain from its narration. The case was that of a young lady who had been attended by two of our most respectable physicians, by whom she was supposed to labor under organic disease of the heart, and who had given up her case as hopeless. Two other physicians were called in, and were fortunate enough to discover that the affection of the heart was entirely dependent on spinal irritation. In accordance with their directions, an issue was established over the dorsal vertebræ where tenderness existed, and a preparation of iron was exhibited internally. Under this treatment the young lady soon permanently recovered. I saw a similar case last summer, which was nearly as strongly marked. I have frequently meet with cases of this functional disturbance of the heart among persons of sedentary habits, literary gentlemen, and those accustomed to active mental exertion, who had no symptoms of dyspepsia. Such cases are not unfrequent among medical students, particularly those coming from the country, after they have been confined to the dissecting-room during the winter; and readily yield to appropriate treatment. I was called the other day to see a gentleman in the upper part of the city, whose case was rather peculiar. He was sent to me by an old and respectable practitioner, who did not furnish me with any history of the case. On examining this gentleman, I found that he presented all the rational signs, but none of the physical signs, of enlargement of the heart. He had palpitation—dyspnœa—was emaciated—unable to pursue his usual occupation—but the heart was not enlarged. He had been seen by several physicians in this city, and some of them pronounced this affection organic disease of the heart. On making more particular inquiry, I ascertained that this gentleman, who was married, had been in the habit of indulging to excess the venereal appetite. By the free use of preparations of iron, and sleeping alone, he was speedily restored to health, and is now, I believe, perfectly well. The brief reference which I have made to these cases will, I trust, impress upon your minds the importance of being able to discriminate accurately between organic disease and functional disturbances of the heart.

Now, can we in any given case, discover from the rational signs alone the sure existence of organic disease of the heart? Certainly not. These rational signs are sometimes as strongly marked in cases of mere functional disturbance as they are in organic disease of the heart. One great diagnostic guide, however, is a knowledge of the fact that in cases of organic disease the symptoms are constant and progressive, whereas in cases of functional disturbance they intermit and vary, sometives being more marked and again disappearing altogether. But the only sure method of arriving at a safe and satisfactory conclusion is by examining the chest, and so becoming acquainted with the physical signs which indicate enlargement of the heart.

LECTURES ON THE PATHOLOGY, AND Diseases and Derangements of the Nervous System.

BY

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No. V.

Diseases of the Cerebral Nerves.

In treating of the diseases of the cerebral nerves I must beg you to refer to the arrangement of these nerves formerly laid before you, and especially to remember that they are divided into sentient and voluntary.

I.—ON PARALYSIS OF THE SENTIENT NERVES.

In an interesting case of a tumor, found at the anterior part of the base of the brain, the olfactory and optic nerves were destroyed, and with them the sense of smell and vision.

The optic nerve may be subjected to compression or disease in any part of its course, from its origin to its termination in the retina itself. In one case a partial loss of vision coincided with strabismus, the defective eye being drawn inwards; in another, there were, at the same time, defective vision, and a spasmodic affection of the seventh of the same side.

Amaurosis may occur in affections of the brain; it is frequent in hydrocephalus; rare in paralysis; it occurs, as I have already stated, from extreme loss of blood.

I have already adverted to the difference between the case of paralyais of sensation of the face in hemiplegia, or from division of the fifth in a part of its course exterior to the cranium, and that arising from the division or disorganization of this nerve within the cranium. In the first two cases the eye is unaffected; in the last, this organ gradually perishes, as I imagine, from the destruction of its ganglionic or nutritive nerve.

This extraordinary fact was first ascertained by M. Magendie in experiments; it was then observed in the human subject by M. Serres; it has since been witnessed by Dr. Alison, Mr. Stanley, and other observers.

In M. Serres' case, the right eye and the right nostril were insensible; the left sensible; the gums scorbutic. On examination, the origin of the fifth pair of nerves on the right side of the tuber annulare was found diseased.

Paralysis of the fifth pair, in its exterior course, was first distinctly pointed out by Signor Bellingeri, in Italy, and afterwards by Sir Charles Bell, in this country. The former of these writers has published a case, in his 'Dissertatio Inauguralis,' 1818, of paralysis, I think, of the fifth and of the seventh nerves. The precise nature, of the case is not, however, certainly known, the patient having happily recovered.

The most interesting case of this kind, which it has ever been my lot to witness, was that of Ruth Peters, aged sixty, who was repeatedly seen by my pupils during the last session; this person was taken with pain of the right temple, deafness of the right ear, partial paralysis of motion, and of sensation on the right side of the face, the right eyelid being only slightly depressed on attemping to shut the eyes, and the mouth being drawn to the opposite side. These symptoms continued, and in three months precisely similar events occurred on the left side, in a severer form, the mouth being drawn to the right.

These phenomena continued for a very considerable period. At length this portion of the bone fell upon the upper surface of the soft palate, and was eventually dislodged and rejected by the mouth. It proves to be a portion of the sphenoid bone. The appearance of this bone affords an explanation of the interesting series of phenomena observed in this case. There was disease of the base of the brain, which interfered with the functions of the fifth, the seventh, and the eighth pairs of nerves.

I need scarcely observe that the eighth, or auditory nerve, is liable to pressure or disease within the cranium, or within the ear, and that deafness is the consequence. Paralysis of the seventh and of the eighth not unfrequently exist together, as in the case which I have just related; this coincidence leads us to the conclusion that there is some internal disease.

I must now draw your attention to the ninth or glosso-pharyngeal nerve. It has long been disputed whether the sense of taste be situated at the tip or at the root of the tongue. On this question another depends, viz., whether the nerve of taste be a branch of the fifth,—long termed the gustatory, or ninth or glosso-pharyngeal, the former being distributed upon the tip, the latter upon the root of that organ. The celebrated Scarpa, in his splendid work on the nerves, has detailed some novel and interesting experiments, from which he concludes that the sense of taste is situated at the tip of the tongue. He observes:—'It is abundantly proved, not merely by anatomy, but by experiments lately made on the human subject by Alex. Volta, Professor of Physics, that the sense of taste resides in the tip of the tongue, and in its margins, almost to the middle of its length; and that, beyond that part, as far as to the base of the tongue, there is either no sense of taste at all, or to a very feeble degree. He applied a plate of zinc to the tip or margins of the tongue, and a silver spoon to the back of that organ beyond the middle part; the handle of the spoon was then brought in contact with the zinc, when an exceedingly acid taste was immediately perceived in the tip or margin of the tongue, which continued so long as the metals were in contact; but there was no sense of taste in the base of the tongue. It must not, however, be supposed that silver is incapable of communicating the electric impulse, and stimulating the tongue; for, upon inverting the application of the metals, so that the silver be applied to the tip or the margins of the tongue, and the zinc to its base beyond the middle part, when they are brought into contact, an acrid, burning, bitter alkaline taste is perceived in the tip or margin, but none at all in the base, where the zinc is applied; hence it is evident that the principal and exquisite sense of taste is situated in the tip and anterior margins of the tongue, from its middle portion forwards, but that the rest of the base and the root possess merely the common sense of touch. By means of this very simple process any one can prove, by his own experience, that the acuteness of the sense of taste is proportionably diminished as the zinc or silver is removed from the tip and margins, towards the back and root of the tongue.'

Dupuytren deduces the opposite conclusion, from experiments made by himself, with the view of an immediate application to a case of pathology:—'He dissolved separately, in water, four substances of different flavor, viz., sugar, sulphate of quinine, muriate of soda, and an acid. These preparations being made, in order that the experiments might be conclusive, he commenced them upon healty subjects. Some pupils submitted to them; the tongue being kept motionless, some drops of these substances were placed upon its point; scarcely any flavor was perceived; from which the Professor concluded that they acted but little on this part; afterwards, the tongue being still kept motionless, sapid bodies were placed upon the middle and at the base of that organ; the different flavors were then perfectly perceived.'

Both these authors conclude that the fifth is the nerve of taste. Dupuytren proves by experiment that the sense of taste resides at the posterior part of the tongue, it is well known to him that the fifth is distributed to the anterior part of that organ, still he concludes that the fifth is the nerve of taste. So difficult is it to free ourselves from preconceived opinions.

These questions have been very recently taken up by Professor Panizza. The interesting paper of that physiologist is given entire in the last number of the 'Edinburgh Medical and Surgical Journal.' (vol. xlv., No. for January, 1836, p. 70,) and to it I must refer you, briefly stating that the conclusions to which its author is led, are,—1, that the sense of taste resides towards the base of the tongue, in the filaments of the ninth, or glosso-pharyngeal; 2, that the sense of touch in the tongue resides near its point, in the filaments of the fifth; and 3, that the twelfth is the true myo-glossal, or motor of the tongue.

The experiments of Professor Panizza appears to have been made with great care. An animal in which portions of both glosso-pharyngeals had been removed, would be of constant physiological interest.

It will be difficult to confirm or correct these views from experiments by clinical observations. The glosso-pharyngeal is double, and if one part were compressed by a tumor, or destroyed by disease, the other would still partially supply the sense of taste of the tongue.

There is an interesting case in point, however, in a note to the translation of Dr. Abercrombie's work, by M. Gedrin, (ed. 2, p. 627,) which is given in great detail, and which will be read with great interest. The nerve was atrophied by the pressure of a cyst. 'The sensibility of the touch of the tongue was preserved along all its extent, the pain produced by the prick of a needle was felt over the whole surface of the atrophied half, as well as on the other half. Cold and heat produced, also, the same sensation upon each half of this organ. Sapid substances, hydrochlorate of soda, acetic acid, extract of colocynth, were successively applied to each half of the tongue; upon the atrophied half they occasioned a very indistinct sense of taste, which was not manifested till seven or eight minutes after their application; whilst, upon the non-atrophied portion, the sensation produced by the application of these bodies was felt acutely after one minute, or a minute and a half.'

Lastly. The researches of Sir C. Bell, M. Magendie, Professor Müller, and Professor Panizza, have distinctly proved that the posterior column of the spinal marrow is formed by the sentient nerves. When this column alone is disorganized, the sense of touch alone is impaired.

II.—OF THE VOLUNTARY NERVES.

Paralysis of the voluntary nerves is marked by loss of voluntary power over the muscles.

When the third, or the oculo-motory, is diseased or compressed, we have various forms of strabismus, according as the affection involves more or less of its branches. Some defect of vision is frequently conjoined with it. The strabismus consists in a defect or loss of movement, which is permanent; and in this it differs from spasmodic strabismus, from an affection of another system of nerves.

When the minor portions of the fifth, or masticatory nerve, is paralysed, the temporal, the masseter, and the buccinator muscles lose their voluntary powers, and, eventually, shrink and become emaciated. I may refer you to a case published by Sir Charles Bell. It exists in the case in which the fifth is entirely destroyed or compressed within the cranium. The patient loses the power of mastication, and of blowing a trumpet, or of smoking a pipe, on the affected side. There is no distortion, as in disease of the seventh, or facial nerve.

In the enumeration of voluntary nerves, part of the seventh should be included. When this nerve is entirely paralysed, the face is extremely distorted, especially in laughing, &c.; and the orbicularis has lost its powers.

Sir Charles Bell's work is replete with the most spirited descriptions of the paralysis of the fifth and of the seventh pairs of nerves. But I must refer you to his admirable work itself.

Sig. Bellingeri and Sir Charles Bell have run the same career of discovery in distinguishing paralysis of the seventh or facial nerve. The following case is copied from the former writer:—

'A patient was lying at St. John's Hospital, under the care of Professor Gére, having been affected for a long time with an inflammatory tumor behind the right ear, which had extended both above and below the mastoid process, so as to compress the facial nerve, at its point of exit from the stylo-mastoid foramen; such was the decided opinion of the Professor and of Drs. Gallo and Riberi. Meantime the patient presented almost entire paralysis of the muscles of the right side of the face, and distortion of the left side of the mouth. There was, in fact, complete paralysis of the frontal muscles, the supraciliary, the orbicularis palpebrarum, the levator alæ nasi, and labii superioris, the caninus, zygomaticus, the right side of the orbicularis labiorum, the triangularis and quadratus menti, and collisubcutaneus. The motion of the temporal, masseter, buccinator, and pterygoid muscles, was perfect, or nearly so; of the digastricus we could form no opinion. The motion of the ball of the eye and of the upper eyelid was free; the vision of the right eye was, however, a little injured; the tongue, also, was moved with some difficulty, yet was the taste proved to be unaffected on either side of the tongue; the sense of touch was also uninjured in the face; the hearing was considerably impaired in the right ear; the abscess had opened in the external ear. The patient died in about two months. An effusion of pus was found in the cavity of the tympanum, contained in the aqueduct of Fallopius, and compressing the facial nerve in its course; there was no pus or trace of inflammation about the stylo-mastoid foramen after death; but marks of recent inflammation and suppuration in the right lobe of the cerebellum; the fibres and trunk of the fifth pair were uninjured.

I have already noticed the partial paralysis of the seventh in hemiplegia. The voluntary portion is paralysed; the branch which belongs to the excito-motory system, is unaffected; the eyelid is closed by its sphincter, the orbicularis, during sleep. In total paralysis of the seventh from the pressure of a tumor, for instance, the orbicularis loses its power, and the eye remains exposed and becomes inflamed. The inference from these facts is, that the seventh is more than a cerebral nerve. Indeed, the function of the orbicularis, in sleep, so similar to that of the other sphincters, leads to the same conclusion. The question still, however, requires elucidation.

I now come to the twelfth nerve, or the myoglossal. Dupuytren gives a most interesting account of a case supposed to be a paralysis of this nerve:—

There were rheumatism of the neck, situated along the vertebræ and occiput; and the gradual loss of muscular power, with atrophy of one half of the tongue, the sense of taste towards the base of the tongue remaining entire. The myo-glossal nerve is supposed to have been involved in the disease at and after its exit from the cranium; hence the affection of the tongue. The scarificator and cupping-glasses were repeatedly applied behind the mastoid processes, with satisfactory results.

After the myo-glossal, I must briefly allude to paralysis of the anterior spinal nerves, or prolongations of cerebral voluntary nerves within the spine.

In the 'Journal de Physiologie' of Magendie, t. vi., p. 138, there is a case by M. Velpeau, tending to prove the difference of function of the posterior and anterior spinal nerves. M. Velpeau observes, in conclusion:—'The distinction between the different functions of the nervous roots,—a distinction rendered so evident by experiments upon animals,—is still very obscure when we seek to judge by pathological facts: nevertheless, the observation contained in this note is the most conclusive which has been remarked in favor of this opinion.'

In every case of spinal affection it will be interesting to determine the degree in which the sentient and motor columns and nerves are involved in the disease.

Opposed to paralysis is augmented action. This induces, in reference to the sentient nerves, various kinds of pain, the principal of which are those which occur in—

I. Inflammation, Ulceration, Tumors, &c. of the Nerves.

II. Neuralgia, or Tic Douloureux.

III. Hemicrania Intermittens; Brow Ague, &c.

In reference to inflammation of the nerves, M. Descot observes,—'Acute idiopathic inflammation of a nerve, is, I think, very rarely met with.

'The nerves are sometimes affected with a chronic inflammation, and it is generally observed at their extremity in the stump of an amputated limb. When the nerves are in this state, the least contact causes the patient so much pain as to oblige him to submit to a second amputation.

'In many cases of sciatica, I think that the sciatic nerve is the seat of the malady; the pain follows, in general, so exactly the course of the nerve, and the adjacent parts are so free from all pathological appearance, that I think the nerve alone is the seat of the pain; and it appears to me that the affection must originate in an inflammatory action in the neurilemma, which is often terminated by the effusion of a serous fluid.'

The subcutaneous tubercle is attended with most acute pain, proceeding from one point, often extending along the course of the nerves, occurring in paroxysms, which take place spontaneously, or are occasioned by friction or other slight injury of the part, and which frequently disturb the night's repose. The case is distinguished by an examination of the part affected, when a small body, of the magnitude of about half a small pea, is felt under the integuments; this part is generally tender to the touch, especially during the paroxysm, and an acute pain is induced, and is extended along the nerves, by pressure.

I published a case of this affection in the 'Edinburgh Medical and Surgical Journal,' vol. xi., p. 466. It occurred in the thumb of a shoemaker, probably from a puncture of his awl. It was cured at once, after years of suffering, by excision. Similar tubercles, attended by similar suffering, sometimes form at the extremity of the sentient nerves after amputation, or even successive amputations, until the limb, the arm, or leg, has been removed at the shoulder or hip-joint. Such cases have been treated by Mr. B. Cooper, Mr. Mayo, &c.

The pain of tic douloureux occurs in paroxysms, which are sudden, irregular in their occurrence, frequently more or less transient or momentary, induced by the act of eating or talking, or by the contact of external bodies with the acutely sentient extremities of the nerves.

This disease is distinguished by that which the term tic means originally; viz. by a sudden contraction of several muscles, with distortion of the face. Its seat is various, in different parts of the face, of the limbs, and of other parts of the surface of the body.

Many remedies have been proposed for this formidable malady, as division of the nerve, arsenic, carbonate of iron, &c. It frequently arises from derangement of the primæ viæ, which must be carefully corrected.

The hemicrania intermittens, or brow ague, is apt to recur in spring or autumn, from exposure to the north-east wind; it prevails in damp or marshy districts, and it is frequently observed to accompany the epidemic influenza. It frequently exists as a complication of intermittent.

This ague pain occupies the brow, the temple, the forehead, the occiput, &c.; it occurs in paroxysms, frequently of considerable regularity; it is often excruciating, occasionally inducing delirium, and, still more frequently, redness of the conjunctiva. It may recur once or twice in the course of the day.

This pain is almost certainly removed by the quinine of the arsenic.

For a full account of these painful diseases, I may refer you, with great satisfaction, to the works of Sig. Bellingeri and Sir Charles Bell; and to the still more recent works of Mr. Swan, in this country, and of M. Descot, in France.

I must say a word upon

SPASM.

I have hitherto treated of paralysis of the cerebral, sentient, and motor nerves; I must now have drawn your attention to certain spasmodic affections of the latter of these, if I had not my doubts whether the cerebral nerves, as distinguished from the true spinal, were ever affected with spasm. This mere doubt will suggest an inquiry of the deepest interest, both in physiology and pathology.

The substance of the brain; the olfactory nerves; the retina, the optic nerve; the auditory nerve; the glosso-pharyngeal, are insensible when wounded or pinched. Wounds of the cerebrum do not induce spasmodic contraction. No experiment has hitherto been made upon any purely cerebral voluntary nerve, with the view of determining whether, in such a case, there would be spasmodic action. Perhaps such a nerve does not exist free from the intermixture of true spinal filaments. Is the third, or the oculo-motory, of this character? These, with many other questions, are still left for future inquiry.

A COURSE OF LECTURES

ON SURGERY,

With Surgical and Pathological Anatomy.

BY

VALENTINE MOTT, M. D., PROFESSOR OF SURGERY, ETC.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

SESSION 1841-2.

GLOSSITIS.

'This,' said the Professor, 'is divided into two kinds—the idiopathic, and the symptomatic. I apprehend there are very few persons who have ever seen an idiopathic case of glossitis. It is a very rare thing from my observation and reading or hearsay. I never heard a man say that he ever met with a case of idiopathic glossitis. I saw a case of it, and that occurred more than once in the same individual in this city, a gentleman whom I have not heard of since my return last time. He was a medical man in this city, and my patient under the different attacks of it. He had a pure idiopathic glossitis, without any other inflammation, of the anginose character. He was of a full plethoric habit, temperate, but evidently having a great current of blood to the head and all the organs about the head. He was attacked with a pure inflammation of this organ unconnected with any other affection. He had great pain and tenderness of the tongue, which was as red as a cherry, and was enlarged in all directions and tender to the touch, and hung out of his mouth more or less. It came on rapidly, without any other inflammatory disease of his system. This I saw twice in the same individual. It necessarily presented a most formidable thing, for if the tongue became so enlarged at its base as to crowd upon the epiglottis, and swell up at its base part, it might crowd it on the arytenoid cartilages so as to close the passage. The difficulty of breathing was very great, and also of swallowing. While in this state of things, it demanded, of course, the most prompt and active treatment, and such I directed. Bleeding very largely—I don't remember whether from the jugular vein and temporal artery—but very freely, both locally and generally. Large *crops* of leeches on the jaw and neck, so as to deplete very free. I would not do it in a child, but in an adult in a case of this sort, if depletion could not be sufficiently effected any other way, I would bleed from the raninal veins, which you know are closely connected with the velum and the delicate structure posterior to the tongue. Remember that in all cases of this sort it is of the greatest importance to use the most energetic treatment. Well, by this course of treatment this gentleman was relieved—the difficulty of breathing, pain, tenderness, redness and all subsided, and the tongue restored to its natural state—the only instance in which I have ever seen a pure glossitis, and I never saw a medical man that had seen a case of it.

Symptomatic glossitis is not uncommon. It is very common, you know, from the action of mercury, sometimes to a great extent. But it also results sometimes from the action of something else, or is the result of a poison of some sort—an animal poison, or a vegetable poison—but the most common thing is the animal poison. For instance, I have seen it produced to a great degree by the sting of some poisonous insect, which may sting a person the face, and the communication of the filamento tissue which is ready between the tongue and t external parts of the face, much more ready than erysipelatous affections of the face, where all the communication is with the foramen magnum at the base of the skull, through which the inflammation travels to the brain. (favors the transmission of the inflammatory action excited by the poison.) In the case of a person stung in the face, it is therefore easy to see how the tongue may participate in this enlargement. For one of the characteristics of a morbid poison of that sort is, you know, (its tendency) to produce a singular kind of tumefaction, which invades the tongue because it is endowed with an enormous quantity of filamentous tissue, and hence it is that it distends so much with inflammation. Therefore symptomatic glossitis will be produced by mercury, or by the sting of an insect only stinging some part of the face, producing sometimes affections of a very frightful character, such as great difficulty of breathing and swallowing, so much so as to make practitioners think of the propriety of resorting to an operation that should relieve for the time—that is, of an opening into the larynx. One or two cases of this kind have fallen under my notice, from an anginose affection which had existed and passed to the tongue, and produced inflammation of the tongue and death. I have seen two instances of death produced in a most frightful manner in this way. In one of these cases I was called in when the patient was literally *in articulo mortis*, and I passed a lancet into his larynx immediately—for if you know how, you can very quickly do that in such cases, for the purpose of letting air into and out of the lungs. But it's not to be done at hap-hazard: the opening must be in one place, and if you know where, you can do it with your lancet. I have done so in children when (they were) apparently expiring. In this case the man was *in articulo mortis*, and I made an aperture in the larynx by introducing the lancet transversely between two of the cartilages—not longitudinally, for then it would have been only a slit. The effect was surprising, and the man was quite relieved for a few hours, but he sunk from the violence of the anginose affection notwithstanding.

DIVISION OF THE FRÆNUM.

Surgeons, and also practitioners who are not surgeons, are requested occasionally by mothers and nurses, to examine the tongues of infants, to see if they are not, as they say, tongue-tied. Sometimes the duplication of the delicate membrane which comes from the dorsum of the tongue to the apex, and forms the *frænum linguæ*, does extend too far, but in forty-nine cases out of every fifty in which your opinion may be asked in this matter, all is just as it ought to be. Still it is your duty to look at these cases, and you can very easily find out whether the difficulty exists. If it does it is to be cut, of course, and the only care necessary is that the veins be not divided; and which, if done by any of you, would ruin you in the opinion of the family and all within their circle. The best thing to cut this is a pair of blunt scissors, and you should stand directly over the child, and put the two first fingers of the left hand separated into the child's mouth below the tongue, wait a few seconds till the child is at rest, and then cut directly downwards. In this way you will do it safely, and avoid wounding the veins.'

REVIEW DEPARTMENT.

Derangements, Primary and Reflex, of the Organs of Digestion. By ROBERT DICK, M. D., author of 'Treatise on Diet and Regimen.'—'I am of opinion that we cannot bestow too much pains on the consideration of the AFFECTIONS of the STOMACH, as we find that next to the Pyrexiæ, they are the most frequent occurrences in practice.'—CULLEN. Philadelphia: Barrington & Haswell. New York: J. & H. G. Langley. 1842. 8vo., pp. 231.

This is a most excellent epitome of almost all that has been written about the Protean forms of disease comprehended under that fearful term—Dyspepsia. Yet the work is far from being a mere compilation. Dr. DICK has collected from an infinity of sources a vast quantity of matériel, but he has subjected it to a very thorough process of elaboration, and the result has been a well-digested mass, with which there are incorporated many valuable additions from the ample storehouses of the author's own sober judgment and practical observation.—This comparatively diminutive volume may, in fact, be denominated with no small degree of propriety, an encyclopædia of dyspeptic disorders, and we unhesitatingly commend it, as the most useful and comprehensive treatise on this class of diseases, with which we are acquainted.

A brief reference to a few passages which we have noted, is all that our space admits. The following well deserves attention; as it refers to a prolific source of moral and physical evil, which is by far too little regarded by practitioners:—

Est res perabsurda et rationi parum congruens, ut medici qui profiteunter morbos sanare, atque sunt haud ignari manustuprationem esse causam communem fortemque valetudinis adversæ, omitterent eam semper inquirere. Si sit virgo quæ ægrotat, quæstio tunc potest fieri per matrem aut matronem aliquam amicam juvenis.

Est mea consuetudo semper certum facere utrum æger quilibet, non conjux, qui quærit de me remedia Dyspepsiæ, ne deditus sit huic vitio. *Et necesse est me dicere istum vitium esse causam creberrimam Dyspepsiæ.* Secretio seminalis, permissa se cumulare in corpore, dat vim notabilem omnibus functionibus; sed certé nullis functionibus dat vim tam insignem quam iis quæ ministrant Digestionem. Mihi notum est hominem Dyspepsia ægrotantem curatum fuisse, sine medicina alia, quam manustupratione renunciatâ.

Dr. DICK entertains very ultra opinions with reference to the influence of dyspepsia in inducing pulmonary disease.

Dyspeptic Phthisis.

—— ——, 22 years of age, and born of healthy parents; had suffered for several years from unpleasant sensations in the stomach; heat, pain, heaviness after meals. His tongue was clean; his bowels variable; easily deranged; his belly tense; his urine natural; his pulse 80, small; he was irritable, nervous, easily exhausted; easily chilled. His chest was perfectly normal. This fact I repeatedly ascertained, and that within ten days of his death. He had horrid dreams.

By treating him with sedatives and antispasmodics, and the mildest laxatives, the dyspeptic symptoms were greatly relieved; but he did not gather flesh, although his strength improved, and any departure from a very strict regimen immediately re-produced great gastric irritability and suffering. He constantly complained of chillness. On this account, I cautioned him against exposure to cold; aware of the truth of Andral's remark, that when the system has been long kept in a state of debility and febrility by a gastric irritation, any pulmonary affection is apt to be rapid and destructive.

In May, —— ——, was seized with influenza. A cavernous rhonchus was heard on the fourth day, and the fifth terminated his life.

Inspection.—The stomach, which had tortured ——'s existence for many years, was perfectly sound!! so was the liver; so were the intestines. The left lung was entirely disorganized; almost one purulent sac. The right lung was greatly diseased. And all this in the course of five days, not from a regular pneumonia or ungovernable pleurisy, but from ordinary influenza. It was clear that, in this case, the long constitutional irritation produced by the merely functional gastric affection, had by the maintenance of a constant febrility, annihilated the conservative viger of the system. No doubt, had the brain been the organ of attack, structural change would have taken place in it as rapidly as it did in the lungs.

On this the *Medico-Chirurgical Review* very judiciously remarks:—

'We confess that this line of argument savors a good deal of the *post hoc ergo propter hoc.* Much confidence as we have in auscultation, we should be very sorry to pronounce lungs to be positively sound because we could detect no disease there. Have not lungs often broken down rapidly under inflammation, without any previous dyspepsia? Dr. D. says the *right* lung was 'greatly diseased.' If he had stated the nature of the diseased condition, we should have been better able to form an opinion as to that lung being perfectly sound five days before the death of the patient. Be this as it may, we quite approve the following direction:—

Our rule in all doubtful cases is, to use carefully the stethescope; to consider carefully the history of the origin of the disease; to determine the absence or presence of pain or tumefaction in the abdomen; to watch if attention to the digestive organs, and the subjugation of irritation there, dissipate the pulmonary phenomena. We idle our time, if we treat a cough, sympathetic of gastric irritation, by means directed exclusively to the chest. But, on the other hand, we may err fatally in mistaking for a merely secondary affection, an incipient and true phthisis, which sometimes signalises its commencement, by simultaneous gastric symptoms, whose more marked, but comparatively unimportant presence, may mask the graver malady.'

We add one or two short random extracts:—

The Dyspeptic's Melancholy Tale.

'There is a class of patients who enter the apartments of physicians, with a mixed air of timorousness, reserve, peevishness and impatience. Their emaciation, if they are emaciated, is not of a ghastly character; something in their gait or countenance announces in general to the eye of the physician, that the malady of his visitor is not of an exceedingly urgent or of a violent nature. The fretfulness and restlessness engendered by the disease, hinders the patient from devoting much time to the civil ceremonial of introduction or explanation; but almost without a question on the physician's part, hurries him abruptly in *medias res.* It is easy to perceive, from the fluency and fulness with which the invalid pursues the history of his feelings and symptoms, that that history is rehearsed neither for the first nor fiftieth time. Sufferings usually stated as unprecedented; plans of diet suggested to him, and followed with various success; changes made from time to time in medicines and physicians; benefit derived from this doctor but not from that, from this watering place, but not from the other; total inability to enjoy society or life; gradual departure of the powers of intellectual application, growing hebetude of thought; a resolution of embarking in a totally new mode of life ; of exchanging town for country, active and civic, for rural life ; misery, and, by no means unfrequently, a propensity to suicide,—these, or some of these, are the staple heads of a dyspeptic's inaugural discourse to any physician whom he may visit for the first time. The whole is delivered in a tone slightly querulous, the consequence of a physical and mental irritation of a sort entirely peculiar.

Gunpowder in Cardialgia.

In the third form, or in heartburn, due to an acrid, not acid, morbid secretion, mercurial alteratives have not, in my experience, always been necessary. In this form, the employment of herbaceous vegetables and acidulous diet is indicated. This is no less the case, although the heartburn be owing, as it sometimes seems to be, to the gurgitation of bile into the stomach. This accident seldom occurs, as Dr. Beaumont's observations tend to show, unless where the stomach is deranged and irritable. Impaction of the duodenum, it is probable, may also cause it. An acidulous, or at least a vegetable diet, is equally indicated, whether the acrid fluid in the stomach be owing to some morbid gastric secretion or the intrusion of bile. But, in addition to such diet, the effervescing draught, or a potion of infusion of senna and tincture of rhubarb, is to be resorted to. If the affection should tend to return, by far the most effectual remedy is gunpowder. A memoir of the uses of this substance, drawn up by me, was published two or three years ago, in the Edinburgh Medical and Surgical Journal ; and although its application to the case now under consideration, is not adverted to in that paper, since, at that time, I had had no experience of its utility, I can new bear testimony to its extreme adaptation to it. The gunpowder should be of a fine quality, and ought to be taken dry, or in some glutinous vehicle, as honey, jelly, or a solution of gum. Its effect is to heal the putrescent eructations characteristic of this form ; to allay the sensation of heartburn ; to restore the secretions along the whole intestinal canal, as is proved by the production of healthy, easy, soluble, bulky stools. I am not certain that I know one laxative that is a safer, surer, and more gentle restorer of deficient or irregular and morbid intestinal action, than the substance I now introduce to the reader's attention. Its good effects are, moreover, not confined to the intestinal tract. It restores, simultaneously, the action of the bowels, that of the skin, kidney, and lungs. During its employment, an occasional dose of castor oil or of magnesia may be interposed. If the affection be plainly due to the presence of retrograde bile, and if there be tumefaction or tenderness of the right hypochondre, successive parties of leeches, with following blisters, will reduce the irregular action and redundant fulness of that viscus, and quiet the duodenum, if also irritable. In such circumstances, also, the preparations of mercury may be prudently administered, in very occasional doses. p. 128.

Diet.

There is no point on which we are wont to find patients more rebellious and more sceptical, than as to the necessity of a strict dietetic regimen. There is almost always something in the dietetic habits of gastro-enteric patients which may be altered with benefit. A reduction, as regards quantity at least, is very frequently expedient. Yet, many persons are disposed to suspect that their chance of recovering that vigor, of the diminution of which they are sensible, is just in proportion to the quantity of food they consume. Nor do they always immediately recognize, as we should expect them to do, the very plain common sense of the proposition, that by proportioning aliment to the powers of the stomach, we not only insure the thorough digestion of the present meal, but preserve the organ unimpaired in vigor, and unembarrassed, against the next one ; whereas, by overloading it, while no more of the present meal is digested, merely on account of its undue bulk, than would have been digested had the meal been only of its proper size, the further evil is incurred of the stomach being often overpowered by a new meal, while the remains of the preceding one are not yet passed from it ; at least, when so short an interval has elapsed since this has occurred, that the organ has had no time to rally by repose. It is convenient, and often very useful, to have some apt case to quote to such persons, in order to *convince* them of the propriety of dietetic *restrictions*, and thereby secure them in a cordial and *faithful* obedience to these, rather than have them yielding an unwilling and incredulous submission. The following letter of one of Mr. Abernethy's patients I have sometimes, in the course of conversation, repeated with advantage to some of my patients, whom I thought likely to be stimulated thereby to a *bona fide* adherence to my injunctions. 'When thou toldest me to weigh my food, I did not tell thee that I was in the habit of weighing myself, and that I had lost 14lbs. per month for many months before I saw thee. By following thy advice, I have got rid of what thou didst consider as a very formidable local malady ; and, upon thy allowance of food, I have regained my flesh. I feel as competent to exertion as formerly, though I am not, indeed, so fat as I used to be. I own to thee, that as I got better I thought thy allowance very scanty, and, being strongly tempted to take more food, I did so ; but I continued in the practice of weighing myself, and found that I regularly lost weight upon an increased quantity of food ; wherefore I returned to that which was prescribed to me.'

'The loss of flesh,' writes Dr. Philip, 'without the loss of strength, in the early part of the treatment, I have found an almost certain sign of recovery. The thinning is a healthy process.' It has been already noticed that this result is owing to the organs of waste being liberated by the means which have taken off that bound state, in which irritation had kept them. By that liberation, the circulating fluids have been relieved of their plethora ; and the soft solids of their redundant deposition, or unnatural hypertrophy.

Broussais attributes the fatal issue of many of his cases to the secret disobedience of his patients to the dietetic restrictions which he had imposed on them ; or to his own imprudent concession of a greater quantity of food than his judgment altogether approved, in consequence of their clamors and repinings. I have met, in my own practice, with disastrous consequences from the same causes ; and have had, alas ! too frequent occasion to accuse the facility with which I have yielded to the importunity, ignorance, and prejudice of patients and their friends, in reference to the management of diet.

In all the more biliary complications of the derangements of the digestive organs, a herbaceous and acidulous diet is peculiarly indicated. This is the opinion, founded on experience, of Andral and other eminent physicians ; and my own observations have amply corroborated its truth.

Yet, on the other hand, the treatment of chronic dyspepsia must not be too severe. In the second and third degrees of dyspepsia, whether as regards acuteness or complication, we shall seldom or never derive the least advantage from severe measures and great depletions. Even where depletion or reduction of the fluids or soft solids, or of action is necessary, it is best for us to choose one means only of doing so, leaving other matters as before. My meaning is, that we must not, at once, give slops and purge ; or, at the same time, bleed and purge ; or bleed and give slops, &c. Such double depletion will, in far the majority of cases, be found much too powerful, and will exasperate all the symptoms of irritation instead of allaying them, by augmenting the already too great debility. The cases are not few in which a very cordial treatment, in one respect, is indispensable, even while we require to deplete in another. Thus quinine, iron, or even wine, must sometimes be given, while we simultaneously leech on the ensiform cartilage, or apply revulsives there. Dr. J. Johnson's treatment, by gruelly aliment and evacuants, in the commencement of the cure, is propounded with too little qualification as to the number of cases, and as to the degrees or stages of gastro-intestinal derangement, in which it is appropriate. Dr. Philip's remark, on this subject, deserves to be called axiomatic. 'In proportion as the system is debilitated, its healing powers, on which the success of all our means depends, are impaired.'

Cases, no doubt, occur in which, as Broussais remarks, 'il est avantageux d'affaiblir encore l'homme faible ;' but these are chiefly in the first stage. p. 207.

We repeat the expression of our conviction that this work is one of the most instructive on the subjects of which it treats, which has issued from the press. We warmly commend it to our readers.

Report of the Pennsylvania Hospital for the Insane, for the year 1841. With a Sketch of its History, Buildings and Organization. By Thomas S. Kirkbride, M. D., Physician to the Institution.

The Pennsylvania Lunatic Asylum is one of the oldest institutions in this country in which regular provision was made for the treatment of the insane, and the exemplary influence of the improved modes of management adopted in it, has had a no inconsiderable and salutary effect on the conductors of many kindred establishments throughout the Union. The first patient was admitted on the 11th of February, 1752, and between that period and the 20th of March, 1841, thirty-eight thousand four hundred patients had been under treatment—of these nearly thirty thousand were supported without charge of any kind. The new Hospital, which is delightfully situated about two miles west of the city of Philadelphia, was completed on the first day of the last year, and is an edifice of very great architectural beauty.

> The centre building and main wings of the new Hospital present an eastern front of four hundred and thirty-six feet, and consist of a basement and two principal stories. The basement throughout is surrounded by an area seven feet wide at bottom, and six feet below the surrounding ground, to which handsomely sodded sloping banks gradually ascend. The centre building is ninety-six feet deep—sixty-three feet wide, east of its junction with the wings—and sixty-seven on its western side. The former, which is the principal front, is built of cut stone and ornamented with a handsome doric portico; the western has also a portico of smaller dimensions, and like the rest of the Hospital is of stone, stuccoed to resemble the eastern front. The centre building is surmounted by a dome of good proportions, in which are placed the iron tanks, from which water is conveyed to every part of the building. The summit of the dome is eighty-five feet above the level of the basement, and from it, the panoramic view is one of great beauty; embracing a large extent of country—several flourishing villages—distant views of the Delaware and Schuylkill rivers, with their shipping—the Girard College, and the City of Philadelphia, with many of its more prominent objects.

The arrangements for heating and ventilating the buildings, and for obtaining an abundant supply of water, are excellent, and, as far as we can judge from the description in the Report, are unexceptionable. The Report is chiefly occupied with details of the arrangements for the personal accommodation of the patients, from which it would appear that nothing has been left undone which could contribute to the comfort, health, and safety of the unfortunate inmates. Speaking of 'Restraint,' Dr. KIRKBRIDE observes:—

> We have not dispensed with all restraining apparatus, because, under some circumstances, mild means of the kind are much less annoying to the patient, and effect the object in view with less irritation and more certainty, than the constant presence of even the best instructed attendants. The great objection to the employment of restraint, and the positive injury produced by it, does not come so much from its application, as from its abuse, by being too long continued. Restraint or simple seclusion may be required for a week or a day, or it is possible, that a single hour will be more beneficial than either;—and it ought never to be forgotten, that when either ceases to be useful, from that moment it becomes positively injurious. It is to this too long continued seclusion and restraint, we fear, that we are to attribute the large number of chronic patients that are met with, totally careless of their persons, and with habits the most disgusting. In this institution we have found upon releasing patients, whose hands had been in muffs for months or years, that they became less careless of their persons—improved in their general behavior, and more cleanly in their habits. Two patients who had been chained in distant counties, have never required restraint of any kind; several who were represented as dangerous, have regularly gone to table, and used knives, forks, and glasses, without accident of any kind; and constant attention, night and day, has nearly cured some of bad habits, which had been of such long continuance as almost to preclude the hope of amendment.

Dr. KIRKBRIDE very justly expresses strong distrust of the accuracy of tables illustrative of the *causes* of Insanity, which we have always regarded as in general extremely questionable.

Lectures on Diseases of the Chest. By W. W. GERHARD, M. D., etc. etc. With a Plate. Royal 8vo. pp. 157. Philadelphia: Barrington & Haswell. 1842.

A series of clinical lectures—concise, lucid, and eminently instructive. We have no more able expositor of diseases of the chest than Dr. GERHARD, and any work of his on these important subjects is certain of grateful acceptance by his professional brethren.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, April 23, 1842.

Naval Surgeons.--Their Grievances.

There is no class of our professional brethren on whom we look with more esteem than the naval medical service of our country. Indeed, we had almost said that they had the priority in our regards. And are not our naval surgeons worthy of our highest respect? Generally speaking, their professional attainments are of the most respectable character,—in order to test their fitness for the discharge of their important duties, they have all been subjected to a rigid examination, which constitutes a very different ordeal, indeed, from the farce, in which the alumni of our two or three score of colleges enact a part preparatory to receiving their diplomas,—the duties of their station are peculiar and arduous, requiring the most extensive and familiar acquaintance with their profession, and the possession of a more than ordinary degree of moral and physical courage,—and enjoying singular opportunities of carefully observing the effect of climate and habits upon the human constitution, and their influence on diseases, they have often made valuable contributions to medical as well as to general science. Besides these considerations there are many others, which give the members of the naval medical service peculiar claims upon the sympathies of their brethren, who

'Live at home at ease.'

The grievances of this portion of our brethren are, therefore, matter of common interest, and he must lightly esteem his own standing in society, and the honor of his profession, who hears their recital unheeded, and makes no effort to obtain their speedy and effectual redress.

We well know the nature of the grievances under which the British naval medical corps have heretofore labored, and to remove which, there has of late appeared, some faltering disposition; evincing, however, that the gross injustice and evil tendency, obvious enough, of those usages of which our brethren so long complained in vain, are beginning to be perceived by those in authority. But it has been only recently that we became aware that the circumstances of naval surgeons in the service of the United States presented, in many particulars, so unhappy a parallel to those of their brethren in the British navy. We had hoped that under the stars and stripes, the naval surgeon would have been free from the vexatious annoyances, and mortifying insults, and persevering oppressions of irresponsible despotism,—that he would, as a matter of course, occupy his proper position,—and that for the adequate reward of his labors, there would have been the most liberal and honorable provision. But the condition of American naval surgeons so far from being better, is in some respects worse than that of the British. Let us briefly review their grievances, and in doing so we gladly avail ourselves of the assistance of the talented author of an

'Exposition of the unjust and injurious relations of the U. S. Medical Corps,'—an anonymous pamphlet which has been recently published in Baltimore.

This 'Exposition' is extremely temperate and dignified in its tone, and instead of the bitter complaint, which might not unreasonably have been expected from one who has himself smarted under the wrongs which he describes, the writer uses only the courteous language of calm expostulation. The following extract describes, with great fidelity, the degradation to which the assistant-surgeon is subjected after receiving his commission:—

> 'But here all justice stops; he has a commission in his pocket, it is true, but none in fact; caprice and usage are more powerful than his country's will. His commission is never known again while he is an assistant-surgeon, perhaps, for ten or twelve long years of his life On shipboard the privileges of that commission are violated; he is at once, suddenly, thrust from the station to which his profession, his age, the interests of the service, and the intentions of the government, entitle him. Simple warrants given by the department, without the concurrence of the senate, take precedence of him; aye! even temporary *appointments*, made or destroyed by the breath of the ship's captain, are, in all the usages of sea life, superior to the rank of his commission. Upon reporting himself on shipboard, the assistant surgeon is assigned to the narrow limits of the steerage, crowded with boys about entering upon their nautical education; full of fun and frolic, and merry with the noisy hilarity of youth. This is his home, and these are his associates. If he is admitted into the society of those more nearly his equals in years, it is as a concession to which his rank, implied from his *apartment*, does not entitle him. Upon descending to his apartment, perhaps, the first salutation that he meets, is a laugh at his trunk of books. Where is he to put them? No trunks are allowed there, and the only accommodation that he has, is a 'stow-hole' for his clothes. But it would be idle to make any provision for professional studies, in a place so little suited to their prosecution. The student who has for years taught his mind to seek pleasure in the pursuit of knowledge, and strengthen it by converse with those of the highest order; regarding every day as lost in which he does not add to his own ability to be useful, finds himself compelled to recede from the station he had acquired, to return to his forgotten juvenility, and either, to repress all social feeling, or, to find its enjoyment by becoming again a boy. He is also compelled to submit to all the minute regulations established to restrain his more youthful associates. Human nature finds it easier to yield to surrounding circumstances, than, continually, to resist them, and the foregoing relations are sufficient to diminish the tone of thought and feeling of any mind. But the medical officer is expected to make bricks out of straw. Notwithstanding the adverse circumstances in which he is placed, and that such usages debar him of the means of improvement, he is expected, daily, to increase in knowledge, and at the end of five years, is submitted to another rigid examination to test his progress, and should he be again successful, is rewarded by a very slight increase of pay; but his station is in no wise changed. His apartment and his associations are still the same, save, that a new and more juvenile set may take the place of many of his former companions, who have now grown past him, and are occupying separate apartments in the ward-room, with all the concomitant honors of ward-room officers; some of them, as has been the case, may be acting commanders, while yet he is the humble steerage officer. The assistant-surgeon, after years of service, passes out of or into the ship in silence and unhonored, *must* approach it on the larboard side, or be regarded as a trespasser, and, to the sentry's hail, answer an humble 'no, no;' must puff his cigar on the larboard side in company with his friends the middies, some of whom are now but little older than his own children; the sacred starboard being tabooed to his humility; and he must be careful to select the forward hatchway in descending to his apartment.'

In fact the whole life on ship-board is one continued scene of systematic insult to the feelings of the assistant medical officer. Nor does his promotion render his circumstances much better:

> 'It is well for his feelings that the education of humility he has passed through, has prepared him for a patient endurance of its continuance. Although the chief object of our remarks is not in reference to pay, still the great injustice with which the medical officer is treated, as regards compensation, requires a passing notice. Now that he is promoted to a full surgeoncy, his pay is less than that of the youngest lieutenant in service, and there are surgeons, who have for years occupied the highest rank of their corps, receiving less compensation than lieutenants, who, long after the admission of these surgeons entered the service as youths, (of course, received their education in it,) and are now not older in years than the medical officers were at their original admission. It would seem that to name such injustice would be to secure its correction. The surgeon has now become a ward-room officer, and, excepting a trifling increase in his pay of two hundred dollars, for every five years of service, his position is stationary; and stationary, at the most humble point; the respect he receives is dependent entirely upon the character or the whim of his associates: none is guaranteed him by regulation, and he is generally compelled to yield precedence in all points of etiquette to the youngest of his associates, and even has his seat at the mess table assigned him upon this estimate of his rank. Gradually, and by the lapse of time, his brethren the 'sea-officers' pass from the ward-room to the rank and honors of commanders, and to the occupation of their own cabins, but the old surgeon, though gray hairs and an enfeebled body mark the length and fidelity of his service, finds no increase of comfort, the same position and the same limited apartment which he entered on the first day of his promotion, are all that he can claim, on the last day of his service, and he passes to his grave unhonored, save by the spontaneous award of those who knew him.'

But the humiliating position assigned to the naval medical officers, is not the only injustice of which they have to complain—their pay is far inferior to that of their brethren in the army, and is altogether an inadequate remuneration for their services.—Assistant-surgeons in the army receive more pay than a surgeon of ten years' standing in the navy, although the naval surgeon may have been for twenty years a commissioned officer. The following table shows the relative compensation of the officers of both services:—

	Army.	*Navy.*
Surgeons of ten years' standing,........	$2519 83 to $2884 83	$1400 to $2172
Surgeons under ten years,............	1794 00 to 2227 83	1000 to 1572
Assistant-Surgeons,....	1083 00 to 2439 37	650 to 1272

Now this disposition in the rates of compensation is utterly and manifestly indefensible. If any disproportion should exist, undoubtedly it ought to be, in our opinion, in favor of the naval service, the privations and dangers of which are certainly the most formidable.

The injurious influence which these grievances must necessarily exert upon the character of the navel medical corps itself, and their tendency to mar its efficiency, are so obvious as to require no exposition. Men of talent and respectable attainments have few inducements to enter a service, 'which neither rewards their labors, nor respects their profession.' Now these things ought not so to be. A regard for common justice, and the national honor, require from the hands of the government, the prompt and complete redress of these weighty grievances. Let the naval medical officers be placed in all respects on an equal footing with those of the army—let them occupy that standing to which they are properly entitled as gentlemen and possessors of an honorable commission—let their pay be made somewhat commensurate with the value of their services—and let their dignity and rights be as fully sustained as those of their brother officers. There would be surely nothing unreasonable in thus assigning to an important class of public servants, their appropriate position, and making adequate provision for their comfort and respectability. We agree with the author of the pamphlet before us, that the present is a favorable period for seeking these so-much-called-for changes. The head of the Navy Department seems disposed to effect every needful reform, and to advance as far as possible the interests of his important charge. We trust that his attention will not be called in vain, to matters so closely connected, as these under consideration are, with the well-being of a service which has in all its departments such acknowledged claims on the peculiar attention of the government and the nation.

In our next number we intend returning to this subject, and will make an *exposé* of the ridiculous and unjust system adopted by the Naval Board of Examiners, at present in session at Philadelphia.

New Edition of 'Cooper's Surgical Dictionary.'

Dr. Reese, the able editor of the American edition of 'Cooper's Surgical Dictionary,' has just issued a circular to the members of the profession throughout the Union, in which he announces that he is now preparing for the press a new edition of that valuable work, with a 'Supplementary Appendix.' In this 'Appendix' Dr. Reese proposes to record the improvements and operations of American surgeons since 1830, the date of the former edition, together with a summary of all the new matter which Mr. Cooper has introduced concerning transatlantic surgery during the same period; and the object of the 'Circular' is to solicit from those to whom it is directed, particular information respecting operations they may have performed, improvements they may have introduced in the treatment of surgical diseases, new instruments or apparatus they may have invented, or whatever details they may consider worthy of record. We trust that Dr. Reese's request will meet that ready and universal response which it so obviously merits; and we have no doubt that the edition now in process of preparation, will be still more meritorious than its predecessor, which was 'brought out' in a manner highly creditable to Dr. Reese, and has on several occasions been noticed in the most complimentary manner by Mr. Cooper.

Homœopathy and Mesmerism.

We have been favored, the other day, with a most exciting, amusing, thrilling, bewildering, veritable narrative of the recent operations of a worthy disciple of the illustrious Mesmer, in a certain large building situated somewhere between the Battery and the Park, and which we will show up for the edification of our readers at a convenient season.—Alas! poor human nature.

THE MEDICO-CHIRURGICAL REPORTER.

Cliniques at the College of Physicians and Surgeons.

DR. PARKER'S

was, as usual, remarkably well attended. Two cases of strabismus were operated on, and a variety of interesting surgical cases introduced. Professor Gilman made some judicious remarks on the treatment of *prolapsus uteri*: he condemned *in toto* the use of the pessary, and highly recommended the abdominal supporters introduced by Mrs. Betts and Dr. Hull.

DR. SWETT'S

Clinique was also fully attended—indeed it would be surprising if it were not. The cases are selected with great judgment, and the students are making astonishing progress in practical percussion and auscultation. The advantages offered to the student at this invaluable *Clinique* are fully equal to those of the Parisian schools, as every practitioner who has attended both will cheerfully and readily admit.

DR. BULKLEY.

Dr. Bulkley exhibited eight cases of cutaneous disease at his *Clinique*, notwithstanding the inclemency of the weather, which prevented the attendance of several additional patients who were expected.

The first case was one of *Pustular Syphilis* in a female, seated on the scalp. The disease was very limited in extent, and Dr. B. remarked that this was one of the cases in which we are assisted very much in the diagnosis by the preceding and accompanying symptoms, as nocturnal headache, and also pains in other parts, and commencing nodes on the tibia. There was something, too, in the general aspect of the patient, which is often recognized in those under the influence of the venereal poison.

Two cases of *Psoriasis guttata* were also shown, the first in a female, in which the spots were so small, and the scales covering them so slight, as to render the diagnosis rather difficult. The disease was seated principally on the arms and on the back of the neck. It had recurred every spring and fall for several successive seasons, which that disease is very apt to do. The other case was in a boy eleven or twelve years of age, in which the eruption was scattered quite abundantly over the whole body and limbs, and presented the characteristic marks of that disease very distinctly.

Also, a case of *Impetigo figurata*, in a boy eight or nine years old, on the back of the neck near the insertion of the hair, a very frequent seat of this form of cutaneous affection. Dr. B. pointed out the diagnostic marks between this disease and *Eczema* appearing on that part. There is very little tendency to spread or to return in this disease, in which it differs materially from eczema, so that the prognosis is much more favorable. The removal of the scab by means of a poultice, with cleanliness, and some laxatives, are all that are usually required when the disease is so limited in extent.

Two cases of *Eczema* were also exhibited, one affecting a part of the scalp, and the other on the wrist, in a female, and, at the same time, the case of *Eczema capitis* in a child, seen at the previous *Clinique*—and also the boy with *Lichen*, before exhibited, for the purpose of showing the improvement which is taking place in his case.

The greatest satisfaction was felt by those present, as it had been feared that the inclemency of the weather would entirely prevent the exhibition of cases.

[In our report of Dr. B.'s *Clinique* last week, the *sulphuret of potash* employed in the treatment of the case of gegeral pityriasis, was erroneously printed the *sulphate.*]

Surgical Clinique of the Stuyvesant Institute Medical School.

Dr. Pattison's *Cliniqne* was miserably attended, as usual, and the few cases introduced were of the most insignificant character.

New Orthopœdic Operation.

TO THE EDITOR OF THE LANCET.

Dear Sir:—

Agreeably to your request, I have drawn up a hasty sketch of an operation, which I performed a few days since, and, so far as I am aware, for the first time that it has been attempted in this country. The subject of it was a young lad, 13 years of age, afflicted with a paralytic affection of the right inferior extremity, commonly called 'weak ankle.' His father, who resides in New Jersey, called upon me sometime in October last, with the view of having something done for his relief. The history of the case was briefly this: that the child began to walk at a much later period than usual; that he could never raise the right foot from the ground so readily as the left; and that when raised it pointed downwards and outwards, assuming the form of T. valgus. The temperature of the limb is greatly diminished, and the sensibility considerably impaired. Owing to the awkward swinging gait so peculiar to this affection, and the general diminution in the size and length of the right leg, the spine had become considerably distorted laterally. General health good. I put the patient on the use of strychnine both externally and internally, and applied the spring shoe so strongly recommended by Dr. Detmold in the last number of the 'New York Journal of Medicine and Surgery.' This course was faithfully pursued for six months without the slightest benefit. Dr. Detmold states, that with the shoe before mentioned and the strychnine lotions, he had met with considerable success in the treatment of these cases. I could not, however, perceive that the extensors of the foot in my patient had at all increased in strength from the assistance of this spring, which so well supplies the place of these muscles, and I cannot yet understand how an instrument which is intended to act as a substitute for these extensors, can possibly add to their strength. Judging from my own experience in orthopœdic surgery, (which has not been very limited,) I should think that Dr. Detmold's contrivance is much better adapted to those cases of club-foot, in which the deformity has been removed by a division of the contracted tendons, and in which it is desirable to give to the ankle-joint increased mobility; or to those cases in which, from a division of those tendons by accident, the ends not having been properly united, the patient is rendered incapable of elevating the foot. For such cases this instrument, in my opinion, cannot be surpassed; but in those like the one under consideration, although it may afford temporary relief, it strikes me, that in the end, its effects must be to diminish rather than to increase the strength of the enfeebled muscles. During the past two years, I have had occasion to divide a great number of tendons and muscles in almost every part of the body, for the removal of deformities dependent upon a shortening or contraction of different muscles; and from the great benefits which have always followed these operations, both as it regards their increase of length, and the improvement in their functions, the idea was frequently suggested to my mind, that in those cases of distortions produced by a loss of power in the muscles, and an elongation of their tendons, an operation which should restore them to their proper length, would probabably be attended with the same beneficial results. This view was further confirmed by the observations of Mr. Braid, in the 'Edinburgh Medical and Surgical Journal.' Mr. B. states that, on the principle above mentioned, he had treated a number of paralytic affections both of the superior and inferior extremities with success. As yet, however, I have seen no case reported in detail, like the one which forms the subject of the present article. Being fully satisfied that my patient could derive no benefit from the treatment usually adopted in such cases, I determined upon the operation before alluded to. On the 6th of April, in the presence of Messrs. Van Ingen and Chichester, I divided the Peroneus Longus, which seemed to play an important part in the eversion of the foot. The external wound was very small, and was closed with adhesive plaster. In the next place I commenced an incision just above the annular ligament, extending about an inch and a half above its superior margin. The Tibialis Anticus was laid bare by a careful dissection, and little more than half an inch of its tendon removed. The wound was immediately closed, as in the former instance; a roller applied, with Stromeyer's board, for the purpose of maintaining the divided extremities of the tendon in apposition. The patient was directed to keep quiet, and to take a dose of sulph. magnes. Little or no pain followed; the wound healed by the first intention, and the patient assured me that he at no time after the operation suffered more pain in the latter than in the former wound. At the expiration of a week I found, on removing the dressings, that the ends of the tendon had united, sufficiently strong to maintain the foot in its natural position. He was directed, however, to continue the foot-board, having it removed only at times for the purpose of making some efforts to flex and extend the foot. On removing all the dressings to-day, (April 19th,) the patient could, for the first time in his life, place the foot upon the floor, and raise it again, without any of that dropping downward and pointing outward to which it had been so long accustomed. So well convinced am I of the correct principle upon which this operation is founded, that I shall not hesitate to perform it in all cases of a similar nature; and I have at present a case under treatment, of a loss of power in the flexors of the leg upon the thigh, and an elongation of the ham-string tendons, in which I intend to remove a portion in order to restore them to their proper length. The results, whether favorable or unfavorable to the operation, I shall, with your permission, lay before your readers.

Yours respectfully,

Geo. C. Blackman, M. D.

22 Bleecker street, New York, April 19, 1842.

A Case of Stricture of the Trachea.

BY W. C. WORTHINGTON, ESQ., SENIOR SURGEON TO THE LOWESTOFT INFIRMARY.

Communicated by James Copland, M. D.

The patient, an agricultural laborer, aged 49, first came under the notice of the author in August, 1837. Four years previously he had contracted syphilis, for the cure of which mercury had been administered, but not to an immoderate extent. During twelve months immediately previous to his putting himself under the author's care, he had been confined to the house. The state of his respiration most especially attracted the author's attention, both as regarded the peculiarity of the noise attendant upon inspiration, and the very painful effort required for its accomplishment. The sound closely resembled that produced by an unsound horse called 'a roarer,' suggesting the idea that the air passed through a tube of narrower calibre; each inspiration occupied ten seconds, and was obviously effected at the expense of very powerful exertion of all the muscles about the larynx: utterance was hoarse and rough, and a troublesome cough was present. The stethescope furnished no indication of disease of the lungs. After having suffered as above described with little variation for three years and a half, the patient died from suffocation, some particles of bread and milk which he was taking for breakfast having fallen into the larynx. On dissection, the trachea, just below the cricoid cartilage, was found contracted to the size of a goose-quill; the contraction being quite independent of adventitious deposite of any kind, the product of inflammation. The tracheal rings had entirely disappeared from the strictured part, whilst below the constriction, the rings were somewhat dilated beyond their natural calibre. The alæ of the thyroid cartilage were somewhat approximated.

The author considers it probable that the disease had a syphilitic origin, and that the contraction of the membranous part of the trachea was consequent upon the absorption of the cartilaginous rings, and the simple result of the want of antagonism from the latter.

Dr. Williams regretted that the author had not slit open the trachea, which would have added much value to the preparation, and enable him to determine in what way the disease begun, and in what manner the cartilages had been removed, or whether by absorption or ulceration. That as the preparation was now viewed (in spirits and a bottle,) the pathological state might possibly be congenital. Cases of this description were extremely rare; he remembered only one case of extensive idiopathic disease of the trachea, and in that case the disease primarily began by ulceration of the mucous membrane, and extended to the cartilages which had inflamed and become carious, and the patient suddenly died in the night, apparently from spasm of the glottis.

Mr. Busk had a case under his care similar to the one presented to the society, in which the interior of the trachea had been exposed. In this case the contraction extended throughout nearly the whole of the trachea, the internal surface of which presented the appearance of an irregular contracted cicatrisation: it was probable that the rings had ulcerated away, and been coughed up. In this case the disease had its origin in syphilis, and this he thought was generally present in these cases.

Dr. C. J. B. Williams remarked, that tracheotomy might, perhaps, have been of temporary service in Mr. Worthington's case.

Mr. Webb had seen a case in which similar symptoms had presented themselves. The cause in this instance was an attempt at suicide by division of the trachea. The patient recovered, but suffered from symptoms similar to those which were present in Mr. Worthington's case.—*London Lancet.*

Partial Hypertrophy of the Heart. By Dr. Johnson.

By the term which I have used, I mean a diminished size of the heart, as a whole, while certain portions of it are in a state of hypertrophy. It corresponds with the concentric hypertrophy of authors.

The Hon. Mr. R——, about 40 years of age, came under my observation some five or six weeks before his death. He was greatly emaciated—sallow in his complexion—and with extremely feeble circulation. The pulse was like a thread, at the wrist, and the action of the heart was scarcely audible. The appetite was nearly wanting, and as food produced distressing feelings, he had long adopted a rigid and abstemious diet, which probably tended to increase the emaciation. I examined him with the greatest care from head to foot, without being able to detect any lesion that could account for the progressive waste of flesh. The patient (if he could be called such) went direct to Leamington, and never took any thing which I prescribed. He placed himself under Dr. Jephson, who gave favorable hopes to his family of ultimate recovery. A month's treatment, however, produced no amendment, and Mr. R. returned, with great difficulty, and in the most exhausted state, to London, when he came again under my care. The emaciation was now at its utmost extreme, and as he could take very little nourishment by the mouth, he was supported by strong beef-tea thrown up into the colon every eight hours. The pulse was now scarcely perceptible at the wrist, and the action of the heart inaudible in any part of the chest. He had no cough—clean tongue—intellects unclouded—and, after lingering about a week, he ceased to exist—pale and pulseless, like a person expiring of cholera.

On dissection (by my son) twenty-four hours after death, all the organs and structures in the body, with one exception, were sound. On opening the chest, the lungs, on both sides, completely collapsed, leaving in view a heart of the most extraordinarily small dimensions. The pericardium was intimately glued to the heart, so as to be incapable of separation, so ancient and complete had been the adhesion. The heart itself was not more than half its natural size; yet its parietes (ventricular) were full an inch in thickness. This diminution of general size, with hypertrophy of the walls, had so encroached upon the cavities, that the left chamber could not contain more than three tea-spoonfuls of blood! The consequence was, that at each ventricular contraction about one-fourth of the normal or natural quantity of blood was discharged from the heart into both aortic and pulmonary system. The general emaciation of the whole body thus so very imperfectly supplied with the vital fluid, is readily accounted for. In respect to diagnosis during life, I conceive that in a case of this kind, and to this extent, it would require more diagnostic means than we yet possess to detect the true nature of the organic lesion.—*Med. Chir. Rev.*

Polypus of the Uterus Expelled by the Action of Secale Cornutum.

BY M. P. MOYLE, ESQ., HELSTON, ENG

[Mr. Moyle was requested to attend without delay a Mrs. W., who had suddenly lost a large quantity of blood from the womb, and had just recovered from a long state of syncope. The blood was lost in about two or three minutes. She had frequently had small hæmorrhages previously, and was becoming weaker in consequence. Her legs and thighs were swollen almost to bursting, her countenance pallid, respiration difficult, and general health decaying. After she had recovered greatly from her fainting, and after Mr. Moyle had satisfied himself that the flooding was owing to polypus of the uterus, he proceeded as follows:—]

A fresh appearance of hæmorrhage induced me to give her at once two drachms of the tincture of secale cornutum, the valuable effect of which I had often before experienced. I also applied a bandage firmly round the abdomen, and applied cloths, wetted with cold vinegar and water, to the pudendum. The discharge proved to be little, and no faintness followed. In twenty minutes after the first dose, the tincture was repeated, and in a few minutes she complained of being griped. Suspecting this griping to be a slight contraction of the uterus, I ventured an examination by the vagina. The vagina was full of coagula; the os uteri was flabby and dilated to the size of half-a-crown piece, immediately within which I found a substance of somewhat firmer texture than the coagula, and around which my finger passed freely. During the examination there was a pain of sufficient force of the os uteri to embrace the finger firmly, and I now felt confident of being able to subdue the hæmorrhage for the present, and was not without hopes that I might, by a perseverance of the remedy, enable the uterus to throw off the extraneous substance within it. A third dose was now administered, which kept up the pains at short intervals, but they were weak and feeble. Finding this the case, the supposition was, that she was too much reduced from the disease and the recent loss of blood for the medicine to have its full effect. A cup of gruel, with a small quantity of brandy in it, was given her, and in half an hour after, another similar potion, which had the effect of reviving her to a great degree. I now took my leave about eight o'clock, P. M., giving directions for a repetition of the food, together with some beef-tea, at intervals of an hour or every second hour, leaving with her four doses of the secale, to be taken at intervals of half an hour; in case there should be the slightest appearance of flooding, I was to be sent for immediately.

Early on the following morning, I found her laboring under sharp contractile pains of the uterus, from having taken, two hours previously, two doses of the secale. Examination discovered the mass of polypus filling the vagina. The patient was very cheerful, and expressed herself convinced that the mass was coming away. The pains were by this time not so severe as they had been, and consequently I now gave her three drachms of the tincture in a little brandy. This had the effect, in about twenty minutes, of producing a severe pain, which brought the mass to the os externum. It was now grasped with the hand, and, on the recurrence of the pain, the whole was discharged. Slight hæmorrhage only followed the expulsion of the polypus, which equalled in size two large placentæ. From this moment she recovered with great rapidity. There was a slight appearance of the menses at the end of six weeks, succeeded by a more abundant appearance at the termination of another similar period. She daily improved in health, the œdema gradually subsided, and although she was for many months unable to put the whole weight of her body on her right leg, yet from bandaging, the use of tonics, &c., she is now, in all respects, a perfectly healthy robust woman.—*London and Edin. Monthly Journal of Med. Science.*

[The successful result of this case induced Mr. Moyle to try the use of the ergot in another patient who had previously been under his care. He visited her on the 7th Sept., 1839, and gave her four doses of the tincture of secale cornutum, ʒij. in each dose. Two or three slight pains were now experienced, nausea and vomiting followed. Shortly afterwards she had a severe labor pain. She then took ʒiij. more of the tincture, and the pains increasing, the polypus mass was felt at the os uteri. By the further use of the medicine the substance was completely expelled. It was about the size of an average placenta.]

Disease of the Elbow-Joint.--Excision.

W. H., aged 12, was admitted November 26, 1841, under the care of Mr. Liston; he is a brass-worker; never enjoyed very good health, but attributes much of his illness to the nature of his employment. In March last he first discovered a swelling at the head of the right elbow, it was not very painful, but was tense and red. He was then at Birmingham, and applied to the infirmary for advice. He was ordered a lotion for the limb, which was also placed in a sling, and carbonate of iron was given internally. About six weeks afterwards a bistoury was introduced into the swelling. and a small quantity of matter evacuated. Finding his elbow get worse he came to town, and made application to this hospital this morning; he was immediately admitted into the hospital. There is now considerable swelling about the right elbow-joint, in which there is a slight fistulous opening at the inner border; from this there is a copious discharge; the joint is painful on pressure, and on being moved; the motions of the forearm are much impaired; health not affected.

Dec. 6. Having got slightly out of health since his admission, he was treated with alteratives and aperients with much benefit.

As the joint was irremediably diseased, and as his general health was much improved, Mr. Liston proposed to excise the joint.

Operation.—The patient was placed with his face on the table, Mr. Liston standing on his right side. An incision was first made on the radial side of the ulnar nerve, in the direction of the limb, by pushing the point of the knife through the integuments and fibres of the triceps muscle to the back of the humerus, and carrying it downwards in contact with that bone and the ulnar for about three inches; another incision was then made, commencing over the outer angle of the humerus, penetrating the articulation, and at right angles to the last, and almost as long; the flaps which would thus be formed were reverted by a few strokes of the scalpel, and the ends of the bones turned out of the wound by flexing the arm. When this was done a considerable jet of pus sprang out from an abscess deeply seated in the forepart of the articulation; the ends of the humerus, ulnar, and radius, were then sawn off. No vessels required ligature. Wet lint was applied to the wound, and the patient carried back to bed.

On examining the joints, the ligaments were found to be almost entirely destroyed by ulceration.

In the course of a few hours after the operation the wound was partially brought together by three points of suture, and a pasteboard splint was placed on the inner side of the arm in order to strengthen the limb, the forearm being slightly flexed and pronated.

12th. The wound has been going on very favorably until to-day; he is now very feverish, and there is some appearance of erysipelas over the lower part of the forearm. Ordered an effervescing draught of soda and tartaric acid, and a calomel and jalap powder at night.

13th. The medicine has acted, but there is no abatement of the fever, and the erysipelas spreads. Ordered to take a quarter of a grain of extract of aconite every four hours: fomentations to be constantly applied. In the evening a ring of nitrate of silver was drawn round the upper part of the arm to prevent the spreading of the erysipelas upwards, to which there seems a tendency.

16th. The erysipelas has declined somewhat in the forearm, but seems to be spreading upwards. Continue fomentations and extract of aconite.

19th. Not much change. Ordered to have half a pint of porter daily, and to omit medicine altogether.

22d. Erysipelas has subsided; the wound has continued healthy in appearance during the whole course of the erysipelas; it has, however, made no progress towards healing.

23d. Arm placed in a splint to-day; red-wash applied to the sore, and a nine-tailed bandage over it.

27th. Going on well; sore very healthy, granulating freely; patient sits up.

Feb. 12th. Since the above report the boy has continued to do well, and has been going out every day for some hours; he is now kept at the hospital only to watch the progress of the cure.—*London Lancet.*

THE COLLATERAL SCIENCES.

FROM TRANS. OF THE LOND. ROYAL MEDICO-CHIR. SOCIETY.

Observations on the Anatomy of the Lungs.

BY THOMAS ADDISON, M. D.

Dr. Addison, than whom no man better merits attention, tells us that he hopes he has succeeded in demonstrating, almost beyond dispute—1st, that the aerial cellular tissue of the lungs is made up of well-defined, rounded, or oval lobules, united to each other by interlobular cellular membrane, each lobule constituting a sort of distinct lung in miniature, having its own separate artery and vein; 2ndly, that these lobules do not communicate directly with each other; 3rdly, that they do not, as Reissessen and others have supposed, consist of the globular extremities of as many bronchial tubes, but, on the contrary, as my friend Dr. Hodgkin has suggested, are made up of a collection of cells, in which, by a common opening, a minute filiform bronchial tube abruptly terminates; 4thly, that the pulmonary artery accompanies the bronchi, branch for branch, to the minutest divisions of the latter; 5thly, that pneumonia consists essentially in inflammation of the aerial cells; 6thly, that pneumonia and inflammatory tubercle are identical; 7thly, that acute pneumonia in moderately good constitutions scarcely ever leads to the formation of an abscess, unless deposite previously existed; but that when it occurs in cachectic or broken-down constitutions, or supervenes in the process of chronic or organic diseases, it occasionally causes one or more distinct and separate lobules to soften down into an ill-conditioned abscess; 8thly, that ordinary tubercles present the same varieties in the lungs, as they do in serous membranes; 9thly, that emphysema of the lungs consists chiefly of mere dilatation of the cells, but in part also sometimes of more or less extensive laceration of them; and lastly, that the circumscribed gangrene of Laennec is commonly, if not uniformly, a mere effect or advanced stage of pulmonary apoplexy.

His present object, however, is merely to point out a hitherto unnoticed mode of distribution of the pulmonary vein.

In order, says Dr. Addison, to accomplish this demonstration, the pulmonary artery was injected with size, colored red, whilst the vein was injected with the same material, colored yellow: the lung was then laid aside and kept moistened in a cool place for several days, with the view of softening, by approaching decomposition, the connecting cellular membrane distributed throughout the lungs. In this way the common cellular membrane beneath the pleura became so lacerable that the pleura itself was stripped off without much difficulty, and without inflicting any breach whatever in the aeriel cellular structure of the lung, which it had covered. The lung thus divested of its pleura, presents to the eye, more or less distinctly, lines on its surface, which indicate the situation of what may be called the *pulmonary fissures*—a term more correctly applicable than that of interlobular, inasmuch as by the term interlobular is usually understood a something situated between either the longer lobes or smaller lobules; whereas by the term *pulmonary fissures*, is meant certain spaces, occupied by common cellular membrane, and which descend from the surface towards the interior, but without penetrating the aeriel cellular tissue of the lung; thereby dividing more or less deeply the surface of the organ into a number of insular portions, some of which may comprise a great number of lobules. Guided by the linear indications on the surface of the now naked lung, we can in general, with the aid of a pair of points let into handles, or a pair of fine scissors, and without much difficulty, succeed in laying open and exposing the pulmonary fissures, at the bottom of which, merely surrounded by a loose cellular membrane, and resting on the unbroken aeriel pulmonary tissue, we discover a vessel; that vessel is the pulmonary vein, alone, and unaccompanied by any artery whatever. This vessel may be distinctly traced from larger to smaller trunks towards its source, until we reach the common cellular membrane between the ultimate lobules, from the exterior of which the vein appears to originate; whilst on the other hand, by continuing the mechanical operation towards the root of the lungs, we, with almost equal facility, trace the vessel, still lying at the bottom of the pulmonary fissures, and becoming gradually larger and larger by the addition of branches, which proceed into the pulmonary fissure, and are derived either from the neighboring smaller pulmonary fissures, or from the uniting cellular membrane between the ultimate lobules themselves, until at length it joins the larger trunks at the root of the lungs, to form the great pulmonary veine. A small artery is not unfrequently observed running across the pulmonary fissures, from a portion of lung on one side to a portion of lung on the other; and in one instance, Dr. A. found an exceedingly narrow strip of healthy lung passing like a bridge across the fissure, on the very surface of the lung.

Thus, then, the human lung may be said to be made up essentially of a vast expanse of membrane, the interior of which, during the whole of extra-uterine life, is unceasingly exposed to the influence of atmospheric air, and upon the surface or in the substance of which, are spread out the capillary ramifications of the pulmonary artery; these arterial capillaries passing from thence to the exterior of the membrane, to form the pulmonary vein, which throughout its whole course is found to be situated on the exterior of the aerial cellular structure of the organs.

FROM THE TRANS. OF THE LOND. ROYAL MEDICO CHIR. SOC.

Observations on the Structure of the Entozoa belonging to the Genus Cysticercus.

BY GEORGE GULLIVER.

In a communication on certain oval corpuscles obtained from the genus cysticercus, read to the Zoological Society, by Mr. Gulliver, in March last, he drew attention to the fact that, if the white part near to the head of the entozoon be gently pressed, a little rather viscid fluid will escape, in which will be found a great number of oval corpuscles, presenting a beautiful microscopic object. Mr. Gulliver's intention, now, is to show the situation and extent which these bodies occupy in the worm, and their probable use in its generation; with an attempt to elucidate some other points in the structure of the parasite, hitherto imperfectly known. Passing over the description of the oval corpuscles—of the bladder-like body, or caudal extremity of the worm and its containing cyst—and of the hooks or spines of the worm—we may notice Mr. Gulliver's hypothesis of the uses of the oval corpuscles. He thinks they are the ova of the cysticercus. 'It will be difficult to entertain any other view of their nature when we recollect their heterogeneous structure, their regularity in size and shape, their aggregation together in the true body of the worm, and the abundance of carbonate of lime contained in the shells. I am not aware that any gemmæ or sporules have yet been found to possess these characters; if, therefore, the oval corpuscles should be regarded as sporules, they must be sporules of a peculiar kind. As it is yet questionable how the corpuscles escape from the cyst, it will be necessary to institute a further examination of this part. I have not yet succeeded in detecting an aperture. But Dr. Knox has given an engraving of one instance in which the head and neck of the cysticercus cellulosæ was seen to project through a natural and well-defined opening in the cyst. With what facility the oval corpuscles may be disseminated will be understood, when it is recollected how prone they are to separate from the surface of the corium. It is an interesting question whether the spherules of the caudal vesicle may not be considered as nuclei, which advance to the neck or body of the worm, and there become invested with cells, and so formed into the complete oval corpuscles. Although the consideration of the basis of a methodical arrangement of the entozoa forms no part of the object of the present memoir, I may express my belief that an exact knowledge of the structure and arrangement of the claws of the cystoid family is likely to lead to an accurate discrimination of many genera and species hitherto but imperfectly characterized. Rudolphi, indeed, in the formation of his orders, availed himself of the characters afforded by the tentacles of the parasites; but although the importance of these parts was thus early appreciated, it does not appear to me that they have ever yet been described with sufficient accuracy. It will be understood that the true body of the cysticercus is that part which, in compliance with custom, I have frequently called the neck; and that the globular portion of the hydatid is in reality the caudal or terminal vesicle.'

On the Structure of the Blood Corpuscle.

By G. Owen Rees, M. D., Physician to the Northern Dispensary; and Samuel Lane, Lecturer on Anatomy, London.

The human corpuscle, say the authors of the paper, is circular in form, flattened, and presents a double concave surface. When viewed obliquely and nearly in profile, a central depression is distinctly observed. Its diameter measures, on the average, 1-3250 of an inch. The edge will be found to vary much in thickness, as will be afterwards explained. It usually measures about one-fourth the diameter. A front view also shows a concavity, the centre of which is destitute of coloring matter; but no distinct nucleus can be demonstrated in its unprepared state. We have, however, frequently succeeded in bringing it into view, by decomposing the globule by means of water, or of a very weak solution of sugar and water. A drop of blood and a drop of water may be placed close together on a piece of glass, and allowed to coalesce; when the nuclei will be found to collect principally about the lower edge of the specimen: or the method recommended by Hewson may be adopted, which consists in placing some serum, loaded with blood corpuscles, on a piece of glass. The specimen is to be viewed while forming an inclined plane in the field of the microscope; and a drop of water is to be added, in such a way that it may flow from the upper to the lower edge of the piece of glass. In its descent it will be found to alter the form of the blood corpuscle, which becomes more rounded and transparent. The nucleus may now be observed in many of the corpuscles, as they roll down the glass: but we have never seen them, as Hewson describes them, moving like a pea in a bladder, as the corpuscle turns upon its axis. In order to convince himself of the existence of a nucleus, the observer should treat the blood of a bird and of the human subject in the same manner. In the former, he will have no difficulty in seeing and separating the nucleus, and in the latter, by transferring the information thus gained, he will, after some little trouble, be enabled to recognise similar appearances, to his entire satisfaction. As we before stated, many of our most accurate observers—Magendie, Hodgkin, and Lister—have denied the existence of a nucleus in the corpuscles of mammalia; and, as far as we know, no description has been given of it, which would in any way meet our views of its form, size, and appearance. The nucleus of the human-blood corpuscle is composed of a thin circular layer, of a colorless substance. Its surfaces are granular, and its edge uneven. It is only about one half less in diameter than the blood corpuscle itself; for which, no doubt, it has been frequently mistaken. It measures from 1-4500 to 1-5000 of an inch in diameter. Its thickness cannot be so satisfactority stated; it does not appear to be more than one-eighth or one-tenth of its diameter. It may be demonstrated in its moist or dried state, either within its envelope, or separate from it. Several circumstances have combined to render this nucleus difficult of observation, and which may serve to account for its eluding the notice of so many micrographers. Its thin shape, circular form, and large size, have led to its being mistaken for the blood corpuscle, deprived of coloring matter; while the erroneous notion that the nucleus was a small globular body has not only favored the misconception, but has led those who have looked for a nucleus of this form to deny its existence altogether. The edge, also, of the nucleus projects so far into the coloring canal, that its defined margin cannot be seen, until this has been destroyed by the removal of the envelope. The envelope in the human subject does not differ in any essential particular from that of the frog. It forms a closed flattened vesicle, the interior of which adheres firmly to the central part of both surfaces of the nucleus, but not elsewhere. The envelope, like the nucleus, is circular, and forms a complete annular canal around it, in which the red coloring matter is situated.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

The Proper Mode of Learning Chemistry.

It is worthy of notice, that whether the object of the student be to qualify himself as a teacher of chemistry, to learn the bearing of that science on medicine and physiology, or to become a manufacturer, the same purely scientific education in the art of research is recommended to all. It would be impossible, for example, to teach specially all the different chemical manufactures, so that the future iron-smelter should learn only iron-smelting, the soap-boiler only soap-boiling, &c.; and, if possible, it would be the reverse of beneficial. It is found by experience, that when all learn the general principles of chemistry, they acquire the special details of any manufacture in the manufactory in a far shorter time than they could have done in the laboratory. No attempt is made, therefore, at Giessen, to teach on the small scale processes what must be practised on the large scale. The student learns practically those principles by which all chemical manufactures must be regulated, and the result may be best stated in the words of Professor Liebig himself:—

'It is generally with fear and trembling that they follow my advice, to devote their whole attention, not to imitating manufacturing processes in the laboratory, but to learn how purely scientific problems are to be resolved. They then soon and easily learn how to find the best means: they themselves modifying and shaping their means according to circumstances. Every operation, every analysis, which serves to clear up a given question, or which must be performed in order to discover the conditions essential to the resolution of the problem, has a specific object. Each process thus acquires a certain charm that effectually wards off fatigue; and when the problem is once resolved, the student has learned the means of solving all similar problems. Many of my former pupils are now at the head of every variety of chemical manufacture. Without having ever practised these in the laboratory, they became in the first half-hour perfectly familiar with the whole process; and the next half-hour commonly produced a number of well-devised improvements in the manufacture. They had acquired in the laboratory the most exact knowledge of the properties of the materials which they had to employ, and were accustomed, as the only way of avoiding errors, to subject the products of chemical reactions to a searching investigation with regard to their composition: and they thus at once discovered the sources of error, the means of avoiding loss, and the best methods of improving the apparatus or perfecting the process. All this is not learned when a student enters a laboratory for the purpose of practising a given process by recipe.'

Even for directly practical purposes, the most purely scientific education is really the best, and is more certain to lead to improvements in practice, than the most laborious experience in any one manufacture, gained, as it generally is, at the expense of general principles.—*Dr. Gregory.*

University of London.

A reduction in the amount of salary to the officers in this institution having recently been determined on, Dr. Roget has sent in his resignation, conceiving that the *laborious* duties of his department would not be adequately remunerated at £100 a year. Some amusing correspondence has occurred on the subject of the reduction of salaries, which will shortly be laid before the public.

Last Report of the National Vaccine Institution.

Ordered, by House of Commons, to be printed, Mar. 8, 1842.

TO THE RIGHT HONORABLE SECRETARY OF STATE FOR THE HOME DEPARTMENT.

Sir:—We feel a sincere satisfaction in being able to assure you that we have had abundant evidence, in the course of the last year, of the increasing confidence of the country in the protective power of vaccination; though this satisfaction is somewhat diminished by the frequent avowal of our correspondents of their inability to maintain a supply of genuine authentic lymph without the aid of that afforded by this national establishment.

Among other facts which prove the importance attached to the existence of this board, we may mention, that small-pox having broken out in the Orkney Islands, immediate recourse was had to the board, and a large quantity of lymph sent thither, which appears to have arrested the progress of this horrible malady, and probably to have placed the inhabitants of those distant parts of her Majesty's dominions beyond the fear of its recurrence.

We have vaccinated, at the several stations within and in the immediate neighborhood of the metropolis, 15,361 subjects; and have sent out to our correspondents and to the colonies, at the instance of Government, 152,668 charges of vaccine lymph.

We have, &c.

(Signed) Henry Halford,
G. S. Guthrie,
Edward J. Seymour, M. D.
Clement Hue, M. D., Registrar.

National Vaccine Establishment, March, 1842.

Books, &c. Received.

Practical Geology and Mineralogy, with Instructions for the Qualitative Analysis of Minerals. By Joshua Trimmer, F. G. S. Philadelphia: Lea & Blanchard. 1842.

American Journal of Medical Sciences. New Series. No. VI. April. Lea & Blanchard.

A Circular Letter to the Physicians of Kentucky. (On the reform of Medical Education.)

An Exposition of the Unjust and Injurious Relations of the U. S. Naval Medical Corps. By a Member. Baltimore: John Murphy. 1842.

To Correspondents.

Both of Dr. Dods' interesting communications came to hand, and will receive due attention.

The note of a 'Medical Student' with the Philadelphia post mark of the 25th ulto. was mislaid,—it will appear in our next.

The communication of 'Philanthropos' is, we find, merely on advertisement; and such is also the character of the communication from a correspondent in Georgia, who informs us, in as many lines, that he has operated half a dozen times for stone in the bladder, and gives us with great precision the *weight* of the calculi extracted.

The gentleman in this city, who enclosed a paragraph from a newspaper and requested its insertion, cannot, surely, require to be told that our journal is not to be made a vehicle for the publication of mere complimentary notices—if it were, we would soon require to issue a mammoth sheet.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending April 16, 1842.

37 Men, 36 Women, 36 Boys, 39 Girls. Total, 130.

DISEASES.

Apoplexy	1	Intemperance	1
Asthma	1	Inflammation	3
Asphyxia	0	Of liver	2
Abscess	0	Of bladder	0
Aneurism	0	Of brain	8
Bleeding	0	Of stomach	2
Bleeding from stomach	0	Of chest	1
Bleeding from lungs	1	Of lungs	16
Burned or scalded	0	Of bowels	6
Casualties	0	Of throat	2
Cholera infantum	1	Of womb	2
Cholera morbus	0	Insanity	0
Cancer	0	Killed or murdered	0
Consumption	24	Locked-jaw	0
Convulsions	13	Lues Venera	0
Croup or hives	3	Mortification	0
Debility	0	Malformation	0
Delirium tremens	0	Marasmus	8
Diabetes	0	Measles	0
Diarrhœa	2	Old age	1
Death from poison	0	Organic disease of heart	3
Dropsy	2	Palsy	1
Dropsy in head	6	Rupture	0
Dropsy in the chest	2	Rheumatism	0
Drowned	2	Spinal disease	0
Dysentery	0	Suicide	0
Erysipelas	4	Sprue	2
Epilepsy	1	Small-pox	4
Fever	3	Scrofula	1
Scarlet	6	Teething	0
Typhoid	2	Tumor	0
Puerperal	3	Unknown	2
Remittent	1	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	2	Varioloid	1
Intermittent	0	Whooping cough	0
Hip Disease	0	Worms	0

William A. Walters, City Inspector.

City Inspector's Office, April 16, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, APRIL 30, 1842. No. 18.

LECTURES.

A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.
BY
JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture V.

Diseases of the valves—Simple thickening—Vegetations—The bellows murmur, and its modifications—How produced—Diagnosis of valvular diseases—Effects of organic changes in the structure of the valves.

GENTLEMEN :—

Following the common method of arrangement, I might now proceed to speak of the *treatment* of enlargement of the heart, but I think I shall adhere more closely to the natural order, by previously describing other morbid changes—I allude to the subject of

DISEASES OF THE VALVES,

which will form the subject of the present lecture. In studying the heart in relation to the valves, it is necessary to understand and recollect their anatomy. There are, you know, four valves—two on the right side and two on the left side. Those on the right, are the sigmoid valves of the pulmonary artery, and the tricuspid valve which closes the auriculo-ventricular orifice. The pulmonary valves are three in number, and semilunar in their shape, formed by a fold of the lining membrane of the heart, strengtheneed by a layer of fibrous tissue which thus forms the central part of the structure of the valves. If you examine one of these valves closely, you will observe a small tubercle, called the *tubercle of Aurantius ;* and you will also observe radiated fibres extending in all directions from it like the sticks of a fan ; this is the intermediate tissue which strengthens the valve and terminates in these tubercles. But the tubercles answer a particular purpose—they serve to close the small triangular space left between the free edges of the valves when they act. The tricuspid valve is much more irregular in its shape, so much so that it may be said to have three points, hence its name. It is formed in the same way precisely as the pulmonary valves. Again, if you examine the interior of this ventricle in connexion with the valves, you will observe fleshy columns passing in every direction, and continuous with the muscular structure of the heart. They terminate in small tendinous cords as they are called, and most of these again, terminate in the free edges of the valves. They do not all pass upward in a straight direction, but some of them cross each other, so that when the muscular substance of the heart contracts, they not only tend to keep the valve tense, which is their main object, but they also draw it out of its place to a certain degree so as to close the corresponding orifice. Thus the closure of this orifice is caused by the action of the *columnæ corneæ* and by the pressure of the column of blood during the contraction of the ventricles.

If we examine the other side of the heart, we find the same state of things—the same structure precisely, only somewhat stouter. On examining the valve which corresponds to the tricuspid—the mitral valve—you find it presents the same general structure, except that instead of having three prominent points, this valve has only two, which lie upon each other in a state of health resembling the mitre of a bishop, and hence the origin of their name.

Again, the *precise situation* of these valves in relation of the external surface of the body, being of the utmost importance in a diagnostic point of view, must be carefully remembered. This is their situation when the individual is in the erect position —if he lies down, they ascend a little with the heart. The sigmoid valves of the pulmonary artery and of the aorta, (the first more superficial, the latter deeper,) are directly under the centre of the sternum opposite the space between the cartilages of the third and fourth ribs—the mitral valve is a little further to the left, between these cartilages at their junction with the sternum—the tricuspid valve is a little lower down, opposite the cartilage of the fourth rib, and rather to the left of the median line of the sternum. These different points should be deeply impressed on your minds, for a reason which you will soon understand—viz. it is at these points that the morbid sounds diagnostic of valvular disease have their primary seat and their maximum of intensity.

In considering the diseases of these valves, they may be regarded in two great points of view. In the first place, in relation to the organic changes of structure, and the causes which produce them :—and secondly, with respect to the effects of these changes on the mechanism of the heart's functions. It must be admitted, gentlemen, that this subject is one of very great importance and interest, and is one which can be understood only by very careful study. I despair of making it clear unless you give me your undivided attention, and that you will, I have little doubt, from the manner in which you have received my previous lectures. (Applause.)

The first pathological fact I would state is this,—an attention to it will simplify the matter very much, and of course render it clearer to your apprehension—the valves of the *left* side of the heart are much more frequently the seat of organic disease, than those of the right side. Some of these valvular changes are very simple in their nature, others are very complicated—some spring from one cause, and others from different causes. The first morbid change I will notice is

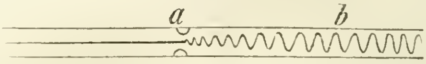
SIMPLE THICKENING OF THE VALVES.

Frequently in enlargement of the heart the valves are found thickened—simply hypertrophied, and this is hardly to be regarded as an organic change, because it is merely owing to simple increase of substance necessary to support the increased action of the heart. The heart, for instance, becomes hypertrophied, its action is increased of course, and the valves become proportionably strong to resist this increased force. We often find, in advanced life, that the valves of the heart are thicker than natural, and this must be regarded not exactly as a pathological change, but as the natural effect of age. Frequently also, in old people, the lining membrane of the heart, particularly that of the left auricle, is found thick and opaque. Now it would be certainly wrong to suppose that this is a morbid change. It is not so. It is a natural change, taking place in most cases in advanced life, and is directly connected with the thickening of that portion of the lining membrane which goes to form the valves. Again, we often find the valves thickened from inflammation, especially of a rheumatic character; and indeed I believe that the great majority of cases of inflammatory affection of the valves, are to be traced to the operation of this cause. We have in such cases an effusion of lymph, and a thickening of the valves—sometimes partial—sometimes general. The result is, that the valves may become quite unfit to perform their duties. Again, we find these valves united together—the free edges adhering from adhesive inflammation, and the functions of the valves of course very much impaired. Again, these free edges may be united to the substance of the heart, which will necessarily destroy their functions. Again, the valves, particularly the mitral valve, are subject to vegetations. It is not at all uncommon to find the mitral valve studded with vegetations. These abnormal growths present themselves in two distinct forms. Sometimes they are perfectly globular and smooth, resembling very closely those globular depositions of coagulable lymph with which we meet on the peritoneum; again, in other cases, they are of a pale milky color, and at other times of a rosy color, easily separated by a little friction. Again, and more commonly, they are rough and irregular, resembling those vegetations so frequently met with about the genitals in syphilitic cases, and hence the opinion of some that they are of venereal origin. But this is altogether a mistake; there is no reason whatever for supposing that such is their origin, and the cause of their rough appearance is no doubt to be traced to the action of the blood upon them after their formation. Sometimes these vegetations are collected together into masses, and at other times are scattened in distinct spots over the lining membrane of the heart. These are the principal inflammatory diseases, but there are others which do not appear to be of this character, and they are more important than those even which have been described. Frequently in examining the lining membrane, we find small opaque and yellow specks situated beneath it, when in the aortic valves, commonly in that portion which looks towards the aorta; and when on the mitral valve generally on the surface which looks towards the ventricle. When examined carefully these spots appear to be deposites, and not the result of changes in the structure of the part itself. This deposit has been called by Scarpa the 'atheromatous deposit'—by Dr. Gross, the 'tubercular deposit,' which latter designation is, I think, entirely wrong; and am surprised that one so well versed in the subject should have committed such a mistake. These yellowish spots go on gradually increasing in size, and after a time may occupy the whole substance of the valves, which are thus rendered clumsy, and at the same time more friable and easily broken. I have seen within the last month two instances of rupture of the valves,—in both cases of the aortic valve,—from this very cause.—[The preparations were handed round the class.] But this is not the only effect which is produced in these cases. These spots undergo after a time further changes. They gradually become softer and softer, till finally the lining membrane that covers them becomes destroyed, gives way, and we have then an actual breach of surface, which of course very much deforms the valve so affected, and renders it entirely incapable of closing the corresponding orifice. The ulcer thus formed may after a time heal, and it is not at all unusual to find evidences of this. But in these cases, although the ulcerative process is thus arrested, yet as the valve still continues incapable of closing its corresponding orifice, its function is of course very much impaired. Ossification is another change which these deposits occasionally undergo, and this I can say from, I think, a sufficient examination of the subject. You will often be able to discover in the centre of these deposits a small, pearly speck, which on being touched with a probe, communicates a feeling of hardness—in fact it is bone. And you will find that this small bony plate becomes larger and larger until finally it occupies the whole of the atheromatous mass. The lining membrane covering this ossified deposit is gradually destroyed, and the bony plate exposed. The deposit becomes then a foreign substance,—it is thrown off into the current of the circulation, and in this way an ulcer is produced, occasioning of course partial destruction of the valve, which may in time be still further destroyed.

These are the most important changes that take place in the valves, and the last I have enumerated and described is much more common in advanced age than during the earlier periods of life. Now these various organic changes in the valves produce one of two effects—they produce either an impediment to the circulation of the blood through the heart, by narrowing the corresponding orifice; or else they permit a regurgitation of the blood through the imperfectly closed orifices. By recollecting these two simple facts, you will be able to understand very clearly the mechanism of disease of the valves. It is very easy to perceive that if a deposit of osseous matter take place here, it must, in the first place, render the orifices rough, and secondly, that it may narrow them. Again, if the ossific deposit have its seat in the free edges of the valves, and an ulcer results, destroying the valve, we will have the valve disabled from closing the orifice, and the consequence is the regurgitation of the blood through that orifice. Here is a very beautiful preparation illustrative of this morbid change. In this case we have ossification of the aortic valves, and both the results I have mentioned produced. [The preparation was handed round the class.] Here is a plate illustrative of the same effects produced by a different case—the thickening of the valve. [The plate, which gave a very correct idea of these vegetations, was handed rounded. Another beautiful preparation, from the museum of the college, was also exhibited.]

The effect of these various changes is to produce a 'bellows murmur' over the region of the valves. I use this term in its generic sense, and include in it all its various modifications;—the 'rasp,' the 'file,' the 'saw,' the 'musical sounds,' even, are all nothing but modifications of this bellows murmur, and I will explain to you how this is produced.

If you take a simple gum elastic tube two feet in length and half an inch in diameter, attach a syringe to it, and force through it a sufficient quantity of any fluid, you may imitate the action of the heart. So long as the diameter of the tube is equal throughout its length and its inner surface perfectly smooth, no sound will be produced by the passage of the fluid. But suppose by means of a piece of cord tied round the tube, you partially obliterate the cavity at a certain point, and apply the same power in forcing the fluid through the tube, you will then find that the fluid passes as before till it reaches the point where the calibre of the tube has suffered diminution, and then it is thrown into commotion, and sonorous vibrations are produced which may be thus represented:—



a. The obstruction.
b. The vibrations of the current producing the murmur.

We have thus the generation of the bellows sound. Now you can very readily perceive that we can modify this sound in exact proportion to the force with which the fluid is transmitted through the tube, the resistance continuing the same. And suppose again, that the character of the obstruction being changed from that of a simple impediment of the kind described, into that of a rough opposing surface, which in this experiment could be effected by making knots on the ligature, why then we also have a corresponding change in the nature of the sound. This explains perfectly all the phenomena of the bellows sound, so far as organic disease of the valves is concerned. Another point to notice in this connection is, the mode in which this sound is transmitted, and the explanation of the fact that, having its origin at a certain point, it is transmitted in a certain direction. Now the law which regulates the transmission of the sound in this case is this:—in the first place we have the sound transmitted in the direction of the current, consequently we have the sound more marked three inches beyond the obstruction than at the same distance before it. Again, the transmission of the sound will depend a good deal upon the elasticity of the surrounding parts. If the parts immediately in contact with the seat of sound are disposed to vibrate, then, of course, the sound will be the more readily transmitted. At all events this is my view of the matter, although some have advanced a different theory.

These two points are important to be considered in this connection—first, the direction of the current, and secondly, the capacity of the surrounding parts to transmit the sound. You may, if you please, satisfy yourself of the truth of these views by experiments on animals. Lay bare the carotid, or any of the great arteries coming direct from the heart, and by passing a ligature in the way I described, you can generate the bellows sound and all its modifications. It was a fact well established by Laennec, and admitted by all his followers, that compression of an artery will generate this sound, though very different explanations have been offered of the phenomenon.

Now, the grand fact which we adduce from all this, is, that the bellows murmur, and all unnatural murmurs heard over the region of the heart, have their origin in some obstruction to the circulation of the heart, by which the parts are thrown into unnatural vibrations. Let us apply this theory to particular diseases of the heart. For instance, suppose you have a case in which you hear the bellows murmur, or some modification of it, and you wish to ascertain the cause in this particular instance. The first point to be ascertained is the point where the sound has its maximum of intensity, which must be as near as possible to the seat of the sound; and let me remark, you should make a great distinction between intensity and loudness of sound, for I think that many auscultators, and Hope among the rest, have fallen into error here. There is, however, a great diffience between a loud and an intense sound—the explosion of a pistol, for instance, discharged near the ear, produces a much more intense sound, than that of a cannon at some distance, though the latter produces much the loudest sound. Well, suppose you come to the conclusion that this murmur, the seat of which you are endeavoring to ascertain, has its greatest intensity over the region of the sigmoid valves, that is, over the region of the sternum, between the cartilages of the third and fourth ribs. Thus you ascertain the first and most important point. Now the next point is, which sound of the heart does this murmur accompany? Because, as it accompanies one or other of these sounds, so will it be produced by different causes. Suppose we have it accompanying the first sound of the heart—the impulse of the heart against the ribs; then it is undoubtedly connected with some obstruction to the passage of the blood through these orifices. Suppose, on the contrary, that the murmur accompanies the second sound of the heart, then it must accompany the systole of the ventricle, and is no longer connected with obstruction to the circulation, but with regurgitation of the blood—precisely the opposite state of things. This point, then, is ascertained, whether the murmur accompanies the first or second sound of the heart. Then again, we must ascertain the direction in which the sound is transmitted. And we know that in the first place it will be transmitted in the direction of the current. In the first case, where there is obstruction of the aortic orifice, it will be transmitted along the aorta, and we will not hear it over the body of the heart; another reason being that the elasticity of the walls of the artery is so great as to add to the intensity of the vibrations; whereas the walls of the heart, not being so elastic, do not transmit the sound with the same clearness in that direction. In the other case, where there is imperfect closure of the aortic orifice, the reverse of this takes place; the sound still being transmitted in the direction of the current, but instead of being along the aorta, it is heard most distinctly downwards over the region of the ventricle, yet not very distinctly even in this case, the ventricle not possessing the power of transmitting sound in any great degree. When this point is ascertained, it of course very much strengthens the diagnosis; and we are enabled to say if the sound be transmitted along the aorta, that it is connected with obstruction to the circulation in that direction; if otherwise, that it is dependent on regurgitation.

The same principle applies to the mitral valve, but here the phenomena are nearly reversed; for though the sound has its maximum of intensity over the valve, (a little to the left of the aortic valves, when connected with obstruction, yet it no longer accompanies the first sound of the heart, as in the other case, but the second; for you will recollect that in this case, the blood rushes into the ventricle during the dilatation of the heart, consequently the obstruction must exist during the dilatation of the ventricle, and mask the second sound of the heart: again, on the contrary, when the difficulty is connected with regurgitation and the mitral valve cannot close its corresponding orifice, then all the signs of regurgitation will accompany the first sound of the heart,—precisely the reverse of what takes place in the former cases. This may appear to be obscure, but when you reflect on having all the leading facts before your mind, you will see that it must be so, for all these phenomena are to be explained on strict mechanical principles. Again, with respect to the mitral valve we find another important difference, that is, in relation to the transmission of the sound with the current. Suppose you have a contraction of this orifice, for instance; then, during the dilatation of the heart, the blood rushing in through the auriculo-ventricular orifice, the bellows sound carried by the current will be heard with considerable distinctness over the body of the ventricle. But the reverse of this is not true; that is, when regurgitation takes place, owing to an imperfect closure of the mitral valve, you do not find the sound carried with the current, but mark it! in precisely the opposite direction. This must strike you at first as an exception to a general rule, if there be not a very good reason for it. This regurgitation takes place precisely at the moment when the auricle dilates, and nothing can be more suited to the transmission of sound than an auricle. Now what does happen is this—the regurgitation occurring during the contraction of the ventricle, and when the chordæ tendineæ are most tense, in fact, ready to vibrate, like so many fiddle-strings, they being, besides, attached to the very spot where the vibrations are generated, we have the sound transmitted, not upward with the current, but downward with these cords. This is to my mind a very satisfactory explanation of the phenomena. This explains all the facts in connection with disease of the mitral valve. The same views may be applied to organic disease of the tricuspid and of the sigmoid valves of the pulmonary artery. The mechanism is precisely the same. But you must recollect this, that disease of the right side of the heart is much less common than disease of the left. Perhaps it would be safe to say that the frequency of disease of the tricuspid valve to that of the mitral valve, is as one to ten, and a recollection of this fact will aid your diagnosis in doubtful cases. Thus, in forty-eight cases, the proportion between the valves of the right and left side of the heart, were as (counting both valves) fifty-four to twenty-three. In these cases, ossification was found on the right side but once, while on the left side it occurred thirteen times. Again, in one hundred and fifty-seven cases, the left sigmoid valves were affected forty-five times, the right but nine times—the mitral valve twenty-four times, the tricuspid two times only. Disease of the pulmonary valves is so rare that I have not seen a well-marked case of it in my life, and am therefore unable to give you its diagnosis, which, however, can be easily enough understood from analogy. The pulmonary valves are most superficial, and consequently any abnormal sound generated in them will be more superficial than that of the aortic valves. Again, the morbid sound, especially when connected with obstruction of the orifice, would be distributed along the pulmonary artery, and we know very well that it does not follow exactly the course of the aorta; it does not pass so high up, and lies much more to the left, consequently you would be led to conclude, at all events you have reason to suspect, when the sound is transmitted lower down and more to the left, that the disease is situated in the pulmonary artery, and not in the aorta.

LECTURES ON THE PATHOLOGY,

AND

Diseases and Derangements of the Nervous System.

BY

MARSHALL HALL, M. D., F. R. S., L. AND E., ETC. ETC.

No. VI.

The Diseases of the Spinal Marrow.

It is utterly impossible to understand the diseases of the spinal marrow, without a constant reference to its peculiar functions, as distinguished from those of the encephalon. I refer you to the observations which I made in previous lectures upon this distinction. Such diseases of the spinal marrow as may materially affect its functions, induce, in the first place, paralysis of cerebral nerves, sentient and voluntary, which run along its course, forming a part of its structure; and, in the second, either an excited or paralysed condition of its own peculiar functions. The symptoms combine, therefore, paralysis of sensation and voluntary motion, in the parts below the disease, with spasms and ultimately paralysis, resulting from the affection of the true spinal marrow. I have spoken of the anatomy and of the physiology; from these you may deduce the symptoms. In treating of the diseases of the spinal marrow, I shall pursue the following order. I shall notice,—

I. The Central Diseases, or Diseases of the True Spinal Marrow itself.

II. The Centripetal Diseases, or Diseases excited through the Excitor Nerves.

III. The Centrifugal Diseases, or Diseases of the Motor Nerves.

In designating them, I have borrowed terms used by Professor Müller, in reference to physiological actions. Of these diseases the first is

INFLAMMATION WITHIN THE SPINE,

and this, like encephalitis, is to be distinguished into—

1. Inflammation of the Membranes, or Spinal Meningitis.
2. Inflammation of the Substance, or Spinal Myelitis.
   - *a.* Of the Cerebral, or Sentient and Motor Tracts.
   - *b.* Of the True Medulla; and
   - *c.* Of its Principal Divisions.

The causes of inflammation within the spine are, principally, blows or falls, violent muscular efforts, and exposure to damp or cold. One patient became affected with acute spinal myelitis from being long exposed to the rain and cold in an open boat. This affection has frequently occurred from the pernicious custom of lying upon the damp grass. Rheumatism seems occasionally to have led to this disease. The observations of M Louis have distinctly shown the connection between caries of the vertebræ and spinal myelitis.

The symptoms.—It is rare that meningitis of the spine exists without meningitis within the cranium. It is equally rare for the membranes to be inflamed, or one of the cerebral tracts, without affection of the substance, or of the other portions of the spinal marrow. The distinctions between these affections are not, therefore, easily defined. Happily they are not essential to the treatment. Those symptoms which point to such distinctions will be noticed, however, as we proceed. A much more interesting distinction arises from the varions locality of the inflammation, according as it affects the medulla oblongata, or the cerebral, dorsal, lumbar and sacral portions of the spinal marrow. A knowledge of the anatomy and physiology frequently enables us to define the region of the spinal marrow which is the seat of the disease, and guides us at once in our prognosis, and in the local application of remedies, the most important part of the treatment. In general the symptoms of meningitis are more those of irritation of the spinal marrow, or spasm; those of myelitis, more those of destruction of the organ, or paralysis. Both kinds of symptoms may exist, however, or follow each other, in both diseases. Diseases, especially those of the nervous system, are usually more complicated in individual patients, than as they are described in books. Hence a difficulty in the commencement of practice. You are led to expect impossibilities—diseases well defined in their simple forms. It will be well for you, in reference to our present subject, especially, to become well acquainted with the anatomy and the physiology, and you will then be able to interpret each symptom justly, as it appears. Among the first symptoms of spinal meningitis is pain in some part of the spinal column, augmented by the movements of the patient, and by percussion, but rarely, if ever, by pressure along the spine. This pain sometimes extends along the back and limbs, in which there is then tenderness on pressure,—a symptom which may serve to distinguish meningitis from myelitis, in which there is usually loss of sensibility. The next important symptom is spasm, or various kinds of muscular contraction. The head, the neck, or the trunk is bent backwards, or there is trismus, torticollis, partial or complete opisthotonos, or contractions of the limbs,—constant, or recurrent, or exacerbated, in paroxysms, on moving, or being moved, &c., with extreme pain; sometimes there are convulsions. The respiration is sometimes difficult. There is sometimes retention of urine and constipation. The symptoms will vary according as the meningitis exists at the base of the brain, at the upper or at the lower part of the spine principally. The symptoms of spinal myelitis are those of paralysis of sensation and voluntary motion; a sense of numbness, an impaired sensibility, a sense of feebleness, an impaired muscular power, are first observed, singly, or combined, in one or both of the inferior or superior extremities. In some cases, probably of complication with meningitis, there is augmented sensibility. In other cases there are spasmodic or convulsive affections. If the disease proceeds, the paralysis of sensation and voluntary motion gradually augments. Generally the paralysis affects first the inferior, and afterwards the superior extremities; far more rarely it pursues a contrary course: occasionally the motions alone, and, very rarely, the sensations alone, are paralysed If the disease occupy the upper parts of the spinal marrow, the respiration, and even the action of the larynx and pharnyx become impaired, and we have difficulty or choking in swallowing, or asphyxia. There is sometimes the sensation of a cord-like tightness across the epigastrium. If the lower part of the spine be affected, the bladder, the rectum, and their sphincters, are variously paralysed, and there may be retention of urine and constipation, or involuntary evacuations, or retention and involuntary flow of urine may be combined. The condition of the bladder, and the condition of the rectum should be ascertained by proper examinations, in every case. In some instances there is perfect impotence, or inertia of the uterus; in others the patient has become a father, or the uterus has been excited to expel the fœtus. On these points I must refer you to the observations of MM. Chaussier, Serres, Brachet, &c. These differences, doubtless, admit of explanation by a reference to the kind of affection, —irritation, or destruction, and its locality,—in the cervical, dorsal, or lumbar portions of the spinal marrow. You will find a valuable case of uncomplicated spinal meningitis, considered by M. Cruveilhier, as affording a type of that disease, by M. Dance, in M. Ollivier's work, p. 551. In M. Louis' admirable 'Memoirs,' there is an interesting paper on the condition of the spinal marrow in caries of the vertebræ, in which you will learn the symptoms and morbid changes in myelitis,—p. 410; and especially pp. 445–447. This work is in the library.

The morbid anatomy is in every respect similar to that of cerebral meningitis and myelitis. It is rare, indeed, that spinal meningitis occurs without a similar affection of the membranes of the brain. Injection of pia mater, and of the spinal vessels in general, effusion of serum, lymph, pus, and blood, under the arachnoid, diffused, or in portions; perhaps softening of the adjacent medulla. The arachnoid itself is free from blood-vessels; the morbid changes supposed to take place in this membrane have their seat in the subjacent cellular membrane, or in the pia mater. In chronic meningitis there are sometimes membranous adhesions and effusion of a cartilaginous hardness. The principal morbid change in myelitis is softening, which may occupy the whole, or any portion, either side, or the anterior or posterior part of the spinal marrow; it most frequently affects the cervical or lumbar portions. There is, as in the same affection of the brain, a degree of tumefaction. Induration is the frequent result of chronic myelitis. The most efficacious treatment of inflammation within the spine, consists, I believe, in the application of cupping, in acute cases, and of issues and setons in the chronic. Cupping may be applied so as to involve the two principles of local depletion and counter-irritation; for this purpose the scarification should be applied deeply and crossed, and little blood should be drawn, the operation being repeated according to the violence of the disease, and the powers of the patient. In reference to the use of issues, M. Louis makes a very apposite remark :—'Experience has demonstrated the utility of cautery in Pott's disease, when that affection is of long standing, and voluntary movement more or less seriously injured. A necessary consequence of the foregoing is, that the same means ought to be employed in the simple, or primitive softening of the spinal marrow.' The administration of mercury in the acute cases, and in the chronic cases, when these are uncomplicated with a tuberculous diathesis, is an important measure. The most moderate diet should be enjoined, the bowels should be kept free; the recumbent posture, with the utmost quiet, should be preserved. For further suggestions for the treatment, I may refer you to what I have said upon the treatment of encephalitis.

II.—CONGESTION—HÆMORRHAGE.

I believe that little can be said of these forms of spinal disease. If they can ever be suspected during life, it can only be from the suddenness of the accession or attack of the symptoms; and the treatment must be the same as in acute inflammation within the spine. In connection with diseases of the spinal marrow, I wish now to draw your attention particularly to the state of the limbs in cases of paralysis, especially paraplegia. I was informed by Sir B. Brodie, Bart., that Professor Macartney, of Dublin, first drew his attention to the occurrence of motions in the paralysed limbs in paraplegia, on the application of a stimulus, and to that of priapism on the introduction of a catheter. It may not be uninteresting to subjoin the following note, which I have just received :—

'My Dear Sir :—In reply to your letter I have to say that Sir Benjamin Brodie very accurately stated the fact as I had communicated it to him, respecting the priapism which is so apt to be produced by injuries of the spinal marrow. In the case to which he alluded, the man injured the spine by falling into a quarry. The erection of the penis was very violent immediately after the accident, and occurred at intervals for several weeks afterwards, especially on the slightest friction of the glans penis, so as to create much inconvenience in the introduction of the catheter. He had no consciousness of what was going on unless he put down his hand to the part, or looked at it. I have seen similar cases of erections after injury to the spinal marrow, but not in so extreme a degree, and I have observed a violent priapism in two men who were suffering death by hanging. I am very truly yours,

'J. Macartney.

'35 *Upper Marion-street, Dublin,*
March 29, 1838.

'To Dr. Marshall Hall.'

I may further add that in the case of Greenacre, Mr. Girdwood observes that the tongue was violently protruded, as the effect of his attempt at suicide by strangulation. There is another point in which strangulation resembles the epileptic seizure. Sir B. Brodie has confirmed this remark by his own observations. He observes: 'Priapism occurs even where the sensibility is entirely destroyed, and may be induced by the mechanical irritation caused by the introduction of the catheter, where the patient is entirely unconscious of the operation. This circumstance was pointed out to me many years ago, by Professor Macartney, of Trinity College, Dublin; and I have had many opportunities of verifying the correctness of the observation.' Med. Chir. Trans. xx. 141. I have seen a variety of examples of the continuance of the excito-motory or reflex actions in cases of perfect paraplegia, both of sensation and voluntary motion, in the human subject. These cases have delivered us from the incessantly recurring doubt about sensation as the source of these actions, and are, besides, interesting in themselves. For one case I am indebted to my most intelligent pupil, Mr. Barlow, of Writtle, Essex; for another to Dr. Budd; for a third, to Dr. Elliott, of Carlisle. One case I saw, on the invitation of Mr. Liston, at the University College Hospital. There is an interesting case which presents these phenomena, at this moment, under the care of Dr. Budd, in the Seamen's Hospital, the Dreadnought. It is plain the spinal marrow must have been destroyed at once.—'John Bright, ætat 19, on the first of October, climbed up a walnut-tree, for the purpose of picking the fruit, and when he had attained a very considerable height slipped, and was precipitated to the ground. He was soon afterwards found, in a cold and pulseless condition, with his lower extremities numb and motionless. These symptoms at first naturally led to the supposition, that there was a fracture of the spine, but examination gave no proof it, and afforded no evidence of displacement. There was, however, a slight swelling in the situation of the two or three first dorsal vertebræ, and pressure there was attended by pain. He was much depressed by the violence of the shock, and his articulation was faint and indistinct. A few hours after he had rallied, and complained of pain in his head and giddiness, which were relieved by moderate depletion. There was obstinate costiveness of the bowels, which was overcome by strong purgatives, and retention of urine, which required the introduction of the catheter; and it was necessary to repeat this operation, at proper times, for a month after the accident, subsequently to which the bladder became incapable of retaining its contents. Although every attention has been paid him, sloughs have formed in the integuments of the back. The following is the present state of the patient, three months after the accident :—The lower half of his body and inferior extremities are entirely devoid of sensation, and they are not, in the slightest degree, under the influence of the will; sometimes the patient has cold shiverings; and whilst the muscles of that part of the body supplied with nervous energy from above the seat of injury are observed to shake,—those deriving their nerves from below that spot are perfectly motionless. This has been often remarked by his mother, who waits upon him. Notwithstanding the anasthesia, and the patient's inability to effect a single movement through the medium of volition, when the integuments of the legs are pinched, or more particularly when the sole of the foot is tickled, the extremities are retracted with considerable force. A little cold water dashed upon the surface produces the same effect, though there is no feeling of coldness. One leg is constantly in the flexed position, and if straightened, immediately recovers it again. When the catheter is introduced, the penis is excited into a state of complete erection, and this is invariably consequent upon the gliding of the instrument along the urethra; at the same time the legs are drawn up, and a twitching of their muscles is very obvious.' That the muscular contractions, so easily excited by various stimuli, are referable to the 'reflex function' of the medulla spinalis, cannot but be admitted. In this case all communication between the brain, and that part of the chord from which the lower half of the frame derives its nervous power, is, so far as function is concerned, effectually cut off; therefore, to the agency of the spinal marrow, are owing those movements of which the mind knows nothing, and which, at first sight, seem to denote the perception of an irritating cause, and the wish to avoid it, though, upon inquiry, it is found that no sensation exists whatever. The sequel of the case will be interesting; and, as the patient is under the care of my father, I shall have an opportunity of being acquainted with the result.'

Dr. Budd's case was one of spinal curvature, involving from the fifth to the eleventh dorsal vertebræ. It occurred in an innkeeper, beginning at the age of 18; the following phenomena were observed at that of 48:—'The paraplegia was nearly complete, with dysury and constipation. By much exertion of the will, he communicates a slight degree of motion to his thighs, which, however, must be narrowly watched to be seen; he cannot move his legs, or feet, or toes, in the slightest degree, and an effort to do so makes him feel sick; when, however, any part of the skin of his lower extremities is smartly pinched, the corresponding limb jumps with great vivacity; the foot is suddenly raised on the heel; the toes are forcibly retracted to the instep; and the knee starts so as slightly to extend the leg; the parts are maintained in this state of tension for several seconds, and are then suddenly relaxed. This phenomenon may be repeated at will, and does not seem to diminish by a succession of trials. The retraction of the left lower extremity is more marked and vigorous than that of the right. The sensibility of his lower half begins to fail at the umbilicus, and is very faint below that; he does not feel in his legs unless when smartly pinched, and then not disagreeably. He has no control whatever over the retraction above described, and when I pressed my hands on the backs of his toes, at the same time pinching the leg, my hand was removed by the force of the retraction.'

A few months afterwards the following observations were made:—'His lower extremities have recovered some share of sensibility; this is not sufficient to inform him of simple contact, of which he is perfectly unconscious, even when accompanied by a considerable degree of pressure; but when I firmly pressed the edge of my nail over any part of the skin of the legs or thighs he felt it, and was aware of the nature of the act; the impression was incomparably stronger when I did the same to his arms, or any part of the upper half of his trunk. He was conscious of pinching, but it was necessary to pinch him very smartly to occasion any painful sensation. The sensibility of the right leg is rather duller than that of the left, as far as I could well ascertain. His great toes are the only portion of his lower extremities endowed with the least share of voluntary motion. When asked to do so, he moves them to and fro twice or three times (never more than three times) through a very small extent of their natural motions, and then, exert himself as he will, all voluntary influence ceases. I had no watch to measure, but I should think it to be a quarter of an hour before he recovers a similar power. By no exertion of his will can he move any other part of his lower extremities, in the slightest degree. When I pinched his leg smartly, the involuntary contraction immediately occurred as formerly, and as witnessed by you; the toes were bent towards the instep, the instep towards the front of the tibia, bringing the foot to rest on the heel; the leg considerably bent on the thigh; the whole so forcible as to remove any obstacle the strength of my arm could oppose to it. The contraction was, as formerly, much less vigorous when excited in the right leg than when in the left. I now scratched lightly with my nail, as if to tickle, the sole of his left foot; the contractions which ensued exceeded in vigor, at least fourfold, any that I had yet witnessed. While I continued to scratch the contractions succeeded one another in a series of jerks of the most remarkable vivacity. I asked him if he felt the tickling, he said, 'not in the least; but you see, sir, my foot did well enough.' I observed that the contractions were more vigorous when I scratched the hollow part of the foot, which verges towards the malleolus internus. In endeavoring to experiment on other parts of the limb, adopting that form of excitement which tickles most in health, I did not succeed in obtaining any but feeble contractions, much more feeble than those procured by pinching. In all these experiments the contractions of the right leg were much less vigorous and less extensive than those of the left; the contractions were, also, entirely confined to the excited limb, its fellow remaining perfectly motionless. I said perfectly motionless, but when I tickled the sole of his left foot once or twice, the great toe of the right foot moved to and fro; this motion was not more extensive than the voluntary motion I have described above, scarcely disturbing the toe: it did not occur uniformly, but it never occurred in the left foot when the right foot was tickled. I tickled other parts of his body, his arms, and his ribs, so as to make him laugh lustily, but it did not produce the slightest effect on his legs. I now come to the sphincters; they not only act, but in their action they exhibit one of the most interest manifestations of the reflex function. When he makes water the urine is expelled in rapid and successive jerks, the stream being cut off at very short intervals. After a portion of time, which is very variable, these interruptions totally cease, and the urine flows in a full stream, until the bladder is emptied. Defæcation also suffers interruptions of the same nature, the mass of fæces being cut into parcels by the sudden and repeated contraction of the sphincter ani. This contraction at times becoming permanent and uninterrupted, is what has always constituted the obstacle to defæcation, and not constipation, in the common acceptance of the term. But while these phenomena are taking place in the sphincters themselves, the lower extremities are not at rest; indeed, the contractions which then occur in them are incomparably more vigorous than on any other occasion; their contraction is so powerful, that when sitting on the night-stool, he would be violently thrown forward on the floor, did he not take means to prevent it. To this end he has had two large loops of saddler's webbing nailed into the floor; into these he thrusts his feet; and an attendant proceeds to keep down his thighs before he commences operations; even thus provided the function sometimes suffers considerable disturbance from the uncontrollable movements of his legs. The contraction in the lower extremities (both at once) begin and leave with the corresponding affection of the sphincters. He feels his urine pass; it occasions a warm tickling, and at times a sense of burning along the course of the urethra; he is scarcely conscious of defæcation. Coition has not taken place since the date of his affection, but erections are not unfrequent, and occur, he says, whenever he handles his penis; the sensation they are accompanied with is very faint, and they do not excite desire.' Dr. Elliot's case is, also, one of spinal curvature, with a fluctuating swelling, in the region from the fourth to the seventh dorsal vertebræ, with 'paraplegia and rigid flexure of the lower limbs.' The loss of sensation and of voluntary motion was complete, but 'powerful involuntary movements were produced in various ways.'

I am indebted to Dr. Elliott for the following interesting account:—'There appeared to be no sensation from a little above the crest of both ilia downwards, on pinching, rubbing, and scratching with a pin. Friction with the hand over those parts of the abdomen devoid of sensation, and over the ileum, on the right side, produced, when the girl lay on the left side, powerful extension of the right leg and thigh, *i. e.*, the limb, if previously bent, became straight, and was forcibly moved backwards. Friction over the sacrum caused instant flexion of the knee and thigh; friction of the corresponding surfaces on the left side produced very irregular motions of the left lower limb.' I believe some doubt was expressed relative to the complete absence of sensation in this case; but the facts of excito-motory phenomena in paraplegia in the human subject, independent of sensation, are now too numerous to admit of the cavilling which long prevailed upon this point.

I have now an interesting case to add, for which I am indebted to Mr. Robarts, of Everett-street, Russell-square:—A young lady, aged 27, had a fatty tumor, within the tenth and eleventh dorsal vertebræ; it gradually, but completely, severed the spinal marrow, and induced perfect paraplegia The bladder lost its power of retention. The singular fact in this case was this:—on giving a dose of tincture of cantharides, the power of retaining the urine was always restored for the time. This power would cease, and again be restored, on suspending or repeating this medicine. It is obvious that the cantharides acted through the segment of the excito-motory system left below the division of the spinal marrow.

In some cases of perfect paraplegia, both of sensation and voluntary motion, these phenomena have not been observed. What is the rationale of this fact? Very early in this investigation I observed, that the spinal marrow of a frog was divided between the anterior and posterior extremities. It was immediately observed, that the head and the anterior extremities alone are moved spontaneously and with design, the respiration being performed as before. But the posterior extremities were not paralysed; they were drawn upwards, and remained perfectly motionless, indeed, unless stimulated by the application of any stimulus they were moved with energy, but once only, and in a manner perfectly peculiar. The stimulus was not felt by the animal, because the head and anterior extremities remained motionless at the time it was applied.—Nothing could be more obvious, and indeed striking, than the difference between the phenomena of the functions of sensation and volition observed in the anterior part of the animal, and those of the reflex function in the posterior; in the former there were spontaneous movements with obvious design; in the latter, movements which were the mere effect of stimulus. The same experiment was made upon the toad, but for some reason, probably anatomical, it does not succeed so uniformly in this animal as in the frog. This phenomenon is, in fact, explained by a reference to the comparative anatomy of the frog and toad. M. Desmoulin observes ('Les Systèmes Nerveux,' tom. i., p. 787,) 'in the frog the insertion of the lumbar nerves takes place lower than in the toad, by one-fifth of the length of the spinal canal.' In the experiment on the frog the spinal marrow was divided; in the toad it was the cauda equina; the key-stone of the incident and reflex arcs, was excluded, the effect of which I have before explained. Is it not interesting to see physiological facts, unintelligible, at first, explained by reference to the anatomy? The very same explanation applies to the cases of paraplegia, unattended by phenomena of the reflex, excito-motory action. The disease is seated below the termination of the spinal chord; it is, therefore, a disease of the nerves. The influence of both nervous centres, of the cerebrum, and of the true spinal marrow, is removed. It is an interesting and difficult question, Why all the phenomena of this reflex, excito-motory action do not equally occur in health? Is it that in paralysis the irritability of the muscular fibre is augmented? In the case at the Seaman's Hospital, the Dreadnought, I am told that sensation remains. It is plain, then, that the presence of this faculty is not incompatible with the excito-motory action; only such a case does not afford the proof, which the others do, that the excito-motory actions are independent of sensation. Dr. Whiting has proposed an interesting subject for inquiry,—Why are the excito-motory phenomena absent in hemiplegia? The first question is, Is it so? In a patient in deep coma, I pierced the skin on the cheek, the hand, the thigh, &c., with a pin; there was no manifestation of sensation, no motion whatever. I then touched the eyelash and the internal nostril with a feather; this induced action of the orbicularis and levator alæ nasi; I then pricked the exterior part of the nostril with the pin; the action of the levator was immediate. The respiration was almost entirely diaphragmatic. There was effusion in the ventricles; no other morbid appearances. To this phenomenon I have ventured to apply the designation of the cynic spasm, for it is probably the *spasmos kunikos* of Hippocrates; and it is certainly allied to the sardonic laugh. It is excited through filaments of the trifacial nerve (the 'nervi ethmoidales, ramus narium externus,' the 'nervi laterales narium superiores et inferiores;) these, when excited under particular circumstances, induce contractions of the levatores alæ nasi. A similar question applies to the comparative absence of the excito-motory phenomena, on passing the catheter, the fæces, for example, in health.

III.—CENTRIC CONVULSIONS, OR EPILEPSY.

Any disease within the cranium or spine, whether effusion, tumor, exostosis, &c., may induce convulsions or epilepsy. Fright, or other sudden mental emotion, has induced convulsion, and this convulsion has been repeated, affording one of the most deplorable cases of epilepsy. I have already suggested, indeed, that all convulsive diseases are affections of the true spinal marrow. I refer you to the observations made in a preceding lecture. The cerebrum is obviously the seat of the mind; it is neither sentient itself, nor the originator of motions in itself. The true spinal marrow, on the contrary, is the term of certain excitements and the source of certain motions; the centre, in a word, of a peculiar series of excito-motory phenomena, physiological and pathological. Unlike the cerebrum, it induces, if stimulated, convulsive movements in the organs, appropriated to ingestion and egestion, and in the limbs. Diseases within the cranium, by irritating excitor nerves, or the medulla oblongata, induce convulsions or epilepsy, too frequently, alas, of an incurable character. Disease within the spinal canal may prove the source of convulsion or epilepsy, still more immediately. This form of epilepsy is also, for the most part, incurable. These cases are, for obvious reasons, frequently met with in hospitals, asylums, and workhouses. Hence the idea that epilepsy is not to be subdued by medicine, prevalent among those who draw their conclusions from observations made in these establishments.

IV.—PARALYSIS AGITANS.

I must now draw your attention, very briefly, to another disease of the spinal marrow, the paralysis agitans. Its symptoms have been well described by Mr. Parkinson, but its morbid anatomy has not been traced. It is usually a disease of advanced life. Paralysis agitans is either—

1. General, or
2. Hemiplegic.

The first symptoms of this insidious disease is weakness and tremor of the head, for instance, of the hand, &c. In about a year the other hand, or a lower extremity, is affected, or the patient loses his balance in walking. Generally no cause can be assigned. There is perpetual tremor, even when the part is supported; the head, the hand, the leg, are moved incessantly; reading and writing became impossible, and the patient cannot guide his hand to his mouth, at length he loses his balance, and there is a constant tendency to fall forwards, and, in order to avoid this, to run or move with a quicker pace, and on the toes. At a later period the tremor continues during sleep even, augmenting until the patient awakes. There is increased weakness, the trunk is bent forwards, the upright position can no longer be supported; the articulation becomes indistinct, mastication and swallowing imperfect; the bowels are all along torpid, then obstinate; at last the urine and fæces are passed involuntarily. In the last stage of all there is slight delirium or lethargy. The symptoms have, in several particulars, a marked resemblance to the effects observed by M. Serres of diseases of the tuber annulare, and of the tubercula quadrigemina. Of the hemiplegic paralysis agitans, I have long had an interesting case under my care: ——— Macleod, aged 28, is affected by weakness and agitation of the right arm and leg, augmented on any occasion of agitation, and on moving; it is observed as he walks, or when he passes his cane from one hand to the other: there is, besides, a peculiar lateral rocking motion of the eyes, and a degree of stammering and defective articulation. Nearly allied to paralysis agitans is the

V.—TREMOR MERCURIALIS.

This disease affects workers in mercury, chiefly those occupied in silvering mirrors. The symptoms are, at first, paralytic tremor and debility, and perhaps ptyalism; afterwards convulsive agitation of the limbs whenever they are moved; the articulation becomes imperfect; the hands are so agitated that a partly-filled cup cannot be conveyed to the mouth without spilling the liquid. On attempting to walk the limbs dance and perform irregular movements; whilst sitting still the patient may remain free from chorea, but on every exertion of the volition, and on every occasion of mental agitation, the irregular movements are renewed. The sleep is disturbed, the patient awakes alarmed by terrific dreams; there are nervousness and debility; the bowels are constipated.

☞ The continuation of Professor Mott's lectures is postponed till our next.

REVIEW DEPARTMENT.

Practical Geology and Mineralogy; with Instructions for the Qualitative Analysis of Minerals. By Joshua Trimmer, F. G. S.—Itum est in viscera terræ.—Philadelphia: Lea & Blanchard. 1842. 8vo. pp. 527.

The man who makes any pretensions to a liberal education and is ignorant of the first principles of geological science, is utterly inexcusable. It is sorrowful, however, to reflect on the multitude of such culprits there are amongst us, and we need not say that we greatly rejoice in seeing any proper effort made to diminish their number:—as such we esteem the publication of this excellent volume, which leaves them without cloak for their sin.

We would particularly impress upon the believers in Divine revelation, the duty of devoting some attention to this science, and so prepare themselves to dissipate the cavils of the infidel, who vainly endeavors to make the book of nature contradict the Inspired volume. And to no very deep and protracted study, do we invite the Christian, in thus pointing to the way in which he will be enabled, to foil completely, with his own weapons, the enemy of the true faith. With the help of this volume, the Christian reader may very soon prepare himself to enter on the contest with the unbelieving assailant, without running the risk, which he would otherwise incur, of bringing discredit on the hallowed cause he would attempt to serve.

The sublime discoveries of geology present the most remarkable confirmation of the divine origin of the Book of God. But the infidel is stone-blind, and will not see the light:—

> 'Forth from his dark and lowly hiding place,
> (Portentous sight!)—the owlet Atheism,
> Sailing on wings obscure—athwart the morn
> Drops his blue-fringed lids, and holds them close,
> And hooting at the glorious sun in heaven,
> Cries out—Where is it?'

The present is, however, no place for enlarging on this subject, and we therefore merely add that Mr. Trimmer's work is, in all respects, one of the very best systematic introductions to the study of geology, in our language. The present edition is executed in the usual unexceptionable style of the publishers, who have added to it a glossary of terms, which will be found very acceptable and useful. Numerous wood-cuts are also given, and render the text universally intelligible.

Dictionnaire de Médecine, ou Répertoire Général des Sciences Médicales considérées sous les Rapports, Theorique et Pratique. Deuxième Edition, Tome XXIV. Paris: 1842.

A Dictionary of Medicine, &c. Second Edition, Vol. XXIV. Paris: 1842.

The present volume of this truly great work, contains, among a great variety of articles, one on 'Phthisis,' by M. Louis, which from its superior excellence, demands a passing notice. This important treatise is not a reprint merely of the peculiar views entertained by the distinguished author on the nature and causation of tubercular consumption, with which the profession in this country has been long since familiar. It is, on the contrary, an elaborate exposition of all the recent researches on that implacable disease, worthy of consideration, blended with an impartial and unprejudiced statement of those doctrines which he himself has promulgated during the last sixteen years. M. Louis pursues the same philosophical plan in investigating the subject under consideration, as that which characterises all his former researches in the science of medicine. The great advantages derivable from the synthetic, combined with the analytical method of pathological inquiry, as illustrated in the article before us, cannot fail to strike the most superficial reader.

After a 'general description' of the disease, in which M. Louis adopts Laennec's view, by dividing its progress into two periods, the one anterior, the other posterior, to the softening of the tubercle and the evacuation of its contents, he proceeds to consider in detail the 'Lesions of the Respiratory Passages. Under the head of

'*Diagnosis*,' M. Louis enters at length into the researches of all the recent writers on the physical signs of phthisis. When, in addition to the dry cough, nocturnal sweats, hurried respiration, and gradual wasting, there is a slight diminution of sound, with a *feebleness or other alteration* of the respiratory murmur, the existence of phthisis is indicated. The only other affection with which this is at all likely to be confounded is pulmonary catarrh; but the distinct characters of both are self-evident to any careful observer. In the latter complaint, the cough is not dry, nor of long duration, there are no night sweats, the difficulty of respiration is, on the contrary, more considerable than in phthisis, especially if emphysema of the lungs is also present; and there is no sensible wasting. Percussion does not detect any difference in the sound, or feebleness in the respiratory murmur, under either of the clavicles. Besides the above signs of the tubercular disease, Dr. Jackson, of Boston, (*Memoires de la Société Médicale d'Observations*, Paris, 1834,) has pointed out another indication of the early stage of the complaint. Dr. Jackson says, that in cases where the tubercular formation is commencing, the *expiratory* sound is louder and more prolonged than natural. More recently M. Fournet has forcibly inculcated the importance of this indication of tubercle. The refined distinctions of the latter author, with regard to the respiratory sounds, are not considered of much value by M. Louis; M. L. is of opinion, that 'a simple modification of the respiratory murmur in the sub-clavicular region,' as already mentioned, in a person presenting the general symptoms of the complaint, is sufficient to indicate commencing phthisis. Pulmonary emphysema and chronic pneumonia have sometimes been mistaken for consumption; but the rare occurrence of the latter, and the peculiar symptoms of the former, ought readily to clear up the diagnosis. In a more advanced stage, Dr. Hirtz, of Strasburg, describes a cavernous rále, somewhat analagous to that of pneumonia, but more superficial. M. Fournet states, that prior to the development of this cavernous rále, there exists a dry and hurried crackling sound. These signs do not appear to M. Louis to stand the test of observation; he has observed the sounds, mentioned by these writers, existing indifferently at the same period of the disease.

Treatment.—M. Louis considers the *curative* treatment of phthisis as utterly hopeless. No case of confirmed phthisis has been ever cured. M. Andral coincides with him in this opinion. With regard to *palliative* measures, much may be done in alleviating the symptoms, and in retarding, to a certain extent, the progress of the disease. This is all that can be hoped for in the treatment of tubercular consumption. So little does M. Louis think of the necessity of dwelling on the remedial measures for this disease, that his 'Bibliography' occupies nearly the same number of pages, as his remarks on its treatment.

Diseases of the Uterus. Philadelphia: Ed. Barrington & Geo. D. Haswell. 1842. 8vo. pp. 230.

This very instructive volume contains three series of lectures on the diseases of the Uterus—the first by Dr. Waller, of Bartholomew's Hospital, London,—the second by M. Lisfranc, the distinguished surgeon to the Hospital of La Pitie,—and the third by Dr. Ingleby, of Edinburgh. These lectures were originally published in the *London Lancet*, and are now for the first time offered to the profession in a separate form. We can very cordially recommend them as affording a concise and practical exposition of the pathology and treatment of a most important class of diseases, and which cannot be too attentively studied. M. Lisfranc gives minute directions respecting the employment of the speculum, which is, in our opinion, as indispensable in the formation of an accurate diagnosis in many affections of the uterus, as the stethoscope is in the exploration of the chest. Dr. Ingleby relates many very interesting cases of puerperal diseases, and his remarks will be read with much profit.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, April 30, 1842.

Naval Medical Board of Examiners.

In our last, we adverted to some of the grievances under which naval surgeons, in the service of the United States, at present labor, and contended that a regard to justice and the national honor, as well as the best interests of the service, should lead to their prompt and effectual redress. We would now very briefly refer to the system adopted by the Naval Medical Board, in their examination of candidates for appointment and promotion, as one that is susceptible of considerable improvement.

The examination of applicants for commission in the naval medical service, should undoubtedly be strict and searching. No individual should be permitted to pass, who is not familiarly acquainted with all the practical details of his profession, and does not afford satisfactory evidence of his competency to discharge his duties in every emergency which may possibly occur. But how is the fitness of the candidate to be tested? Surely not in subjecting him to an examination which embraces, chiefly, nice questions in physiology, natural history and geology? Yet, such is, generally speaking, the character of the examination which applicants for admission into the medical corps of our navy, are at present obliged to undergo. One gentleman of our acquaintance, who now holds a surgeon's commission, after a protracted and most diligent course of preparatory study, presented himself before the Board of Examiners, anticipating a very rigid scrutiny into his attainments in surgical anatomy and the practice of medicine—among the first questions put to him, was, 'What is a function?' and the only inquiry relative to the extent and accuracy of his practical professional knowledge was with respect to the mode of reducing a dislocation of the shoulder-joint!

We think there can be but one opinion respecting the propriety of such questions as the following, in examining the qualifications of assistant-surgeons and surgeons in the navy:—

What was the vegetation of the carboniferous era?

Which of the odes of Horace commences thus—

> 'Eheu fugaces, Postume, Postume,
> Labuntur anni——?'

What is the melting point of iron given by Wedgewood's pyrometer?

What is the opinion of M. Breschet respecting the general structural disposition of the human cuticle? Describe the two orders of tubes, which he supposes, pervade it?

How is the fact to be accounted for that lesion of one hemisphere of the cerebellum produces palsy of the opposite side?

What surgeon first performed the flap operation?

Describe the contents of the testis of the yellowhammer in spring and in winter.

What conditions of the larynx are necessary for vocalizing? &c. &c. &c.

And yet from the most credible sources have we been informed, that such is the general character of the examination to which candidates for commissions and promotion, in the naval medical service are subjected by the Board of Examiners. What have been the results? Why, as a matter of course, great numbers of excellent, well-educated, and deserving young men have been rejected, and returned to their homes with the brand of professional incapacity, fixed most iniquitously on their brow. The applicants for admission into the naval medical corps have, under this state of things, been every year diminishing from hundreds to tens, and if this injudicious system be continued, the office of the Board of Examiners will very speedily be a sinecure.

Again, several candidates have been rejected on account of trifling physical defects, such as strabismus and myopia, and at least one luckless wight was not long since refused a commission, because he was so awkward in his gait, that the Board feared he would too forcibly excite the easily-awakened risibility of the middies. This whole system should be changed. Let the examination be of a strictly practical character, and have its chief bearing on those branches of professional knowledge, which will be of most service to the medical officer, in successfully discharging his important duties. Let the qualifications of candidates for the appointment of naval surgeon be thus fairly tested, and the examination will then be regarded as an honorable ordeal, and not as the unrighteous judgment-seat of whimsical caprice, and ridiculous pedantry. And let those personal defects which may be supposed to render candidates unfit for the situation to which they aspire, be expressly stated, so that applicants thus unfortunately excluded, may be saved from the mortification and lasting injury of a rejection, which will be generally ascribed to professional incapacity. And if a want of personal grace and elegance of demeanor be still regarded an insuperable objection, let our young men know it beforehand, so that they may include Lord Chesterfield amongst the list of their instructers, and cultivate a timely acquaintance with the most fashionable tailor, barber, and dancing-master within their reach.

Burials in Cities and Towns.

We rejoice that the subject of intramural sepulture has at length attracted the particular attention of the legislature of Great Britain. In the course of last month several petitions were presented in both Houses, complaining of the evils of this most pernicious practice, and calling on the government to adopt efficient measures for its discontinuance. Lord Brougham presented a petition from the Lord Mayor, Aldermen, and Common Council of London, in which they very forcibly and fully described the serious injury which the public health sustained from the interment of the dead within the precincts of the metropolis, and prayed that some proper place of sepulture should be provided in the outskirts of the city. In the *Times* of 9th March, we find that the subject was thus introduced in the House of Commons:—

> Mr. Mackinnon said, in rising to the motion of which he had given notice, he trusted he should be excused for the few remarks he was about to make on a subject of such grave importance. He had been first induced to bring it forward in consequence of having been appointed on the select committee on the health of towns the session before last, when this question had incidentally come under their consideration, and it then appeared to him of so much importance that he had been induced to give it his best attention. Subsequently to that time the city of London, and a number of individuals had considered the subject. Under these circumstances he trusted he should not be thought presumptuous for endeavoring to show to the house the necessity of some legislative measure to alter the prevailing custom. The more they considered the subject the greater would be their astonishment that for so many centuries they had lived with such a mass of corruption amongst them, and had continued to follow the example of the most barbarous nations. The object he had in view was to prevent the inhumation of individuals in large towns. * * * * * Thinking it the duty of the legislature to guard against anything which might be injurious to the welfare of the people, and that it was the province of a member of that house to bring such a question forward, he had undertaken to do so, and he did it with the sanction of her Majesty's government. Whether they considered the feelings of the body of the clergy, or the sentiments of the citizens of London and of the public at large, it was their bounden duty to give this subject their best attention. He concluded with moving for a 'select committee to consider the expediency of framing some legislative enactments (due respect being paid to the rights of the clergy) to remedy the evils arising from the interment of bodies within the precincts of large towns, or of places densely peopled.
>
> Dr. Bowring seconded the motion. He rejoiced to see that in this country at least some little attention was paid to this subject, with the view of making the dead as little noxious to the living as possible. In France, Spain, and other countries great attention had been paid to this.
>
> Sir J. Graham said he was decidedly of opinion that the time had arrived when some legislative interference was absolutely necessary on this subject; that the comfort of the community and the feeling of decency of civilised minds required that greater space should be provided for the burial of the dead outside the walls of towns.

The motion was then agreed to, and a committee was appointed to report on the 'best means of improving the health of towns by preventing interments within their precincts.'

When are we to hear of such wise legislative interference in this country? Surely the evil system by which the poisoned exhalations of the grave are suffered to pollute the atmosphere of our cities, should be checked, before it reaches that fearful stage to which it has arrived in the crowded marts of the Old World. Now that cities and towns are springing up over the length and breadth of our mighty land, with a rapidity almost equal to that of the magic palace of Aladdin, should not the legislature make suitable provision to prevent interments within their precincts? We trust our professional readers need no remembrancer of their duty in this matter.

The following funny paragraphs we cut from *La Lancette Française* of the 19th February last, and we have no doubt most of our readers will find them as amusing as they have been to us:—

'PUBLICATION DES COURS DE L'ECOLE DE CLINIQUE.

La professeur Mott contre le rédacteur en chef de la Lancette.

'Je vous annonçais dernièrement la guerre déclarée par les étudians en médicine de Philadelphie à cetains journalistes. Voici maintenant une opposition de professeurs de l'Université de clinique chirurgicale de New York à la publication de leurs cours par les journaux, notamment par *la Lancette de New York* et *le Herald*.

'La chronique secrète du pays attribue cette détermination à la jalousie de M. Valentin Mott, l'un des professeurs, et en même temps l'un des chirurgiens pratiques les plus renommés, contre son jeune confrère M. Pattison. Les leçons de M. Pattison étaient mieux rendues dan les journaux et accompagnées de plus d'éloges, et les autres démonstrateurs attribuaient à ce succès factice l'augmentation journalière de la clintelle de nouveau practicien.

'Quoi qu'il en soit, le Herald continua de vanter M. Pattison au détriment de M. Mott.

'De son côté, le rédacteur de la Lancette n'ayant point tenu compte des avis qu'on lui donnait officieusement ni des menaces qui lui etaient faites, M. Valentin Mott a entamé une action judiciaire. Voici l'exploit qu'il a signifié à M. James Houston, principal rédacteur de l'écrit périodique.'

Here follows a translation of the injunction, after which the journalist proceeds:—

'Le 12 janvier M. Houston a comparu; il a rempli la formalité que vous appelez, je crois, en France, constitution d'avoué, et déclaré se rendre opposant à l'ordonnance de chancellerie. Le cause a été inscrite au rôle pour être solennellement plaidée.

'Le samedi suivant le docteur Mott devait donner se leçon. L'université avait pris toutes les mesures imaginables pour exclure les personnes connues pour être attachées à la presse. Plus de trois cents jeunes gens étudians remplissaient l'amphithéâtre; beaucoup de médicins de New York étaient dans une tribune réservée. La foule était considérable au-dehors. Après une longue attente la foule a éfé informée que la leçon n'aurait pas lieu. Le docteur Mott, averti qu'en dépit de toutes les précautions des sténographes s'étaient glissés parmi les élèves, a déclaré qu'il suspendrait ses leçons jusqu'à l'arrêt de la Cour de chancellerie.

'La clinique de New York a été provisoirement fermée, et M. Pattison, cause première et inncente de ces graves débats, se trouve privé de la possibilité de continuer ses doctes leçons.'

We are very happy in being able to inform our Parisian cotemporary, that the family squabble which he so correctly describes, has peacefully terminated, by the magnamimous act of Dr. Mott, who has generously retired from the field, and left it in the sole and undisputed possession of his '*jeune!* confrere M. Pattison,' who now delivers 'ses doctes leçons' with great energy and *eclat*, to asthmatic old women, ricketty children, and empty benches. *Vive la bagatelle!*

THE MEDICO-CHIRURGICAL REPORTER.

Cliniques at the College of Physicians and Surgeons.

DR. PARKER'S

Clinique was, as usual, attended by a crowd of students and patients. The cases, being all selected with care and judgment from the many hundreds presented every week at the various city dispensaries, were very interesting. Our limited space this week prevents us from noticing them particularly, but indeed any report would fail to convey an adequate idea of the value of this practical school.

DR. SWETT

exhibited at his valuable Clinique a number of very interesting cases of pulmonary disease. This gentleman's pupils can now completely put to the blush the sexagenarians who continue utterly ignorant of any modern improvement in practice—that is if such gentry *can* blush.

DR. BULKLEY

continued his Clinique with the exhibition of several cases of disease of the scalp in infants and children, and pointed out the distinguishing marks between different forms affecting that region, which are very apt to be confounded together. Besides two cases of *Eczema capitis*, was one case of *Impetigo* of the scalp, and one of *Porrigo scutulata*, or 'ring-worm of the scalp,' as it is called in English works; a comparative rare affection in this country, and one which is contagious, and causes the fall of the hair, though usually only temporarily. It occurs in spots almost perfectly circular, the surface of which is sprinkled over with small broken hair. These cases, with those shown before, have furnished specimens of by far the greater part of the ordinary diseases affecting the scalp.

A case of *Cutaneous scrofula* was next shown, seated on the thigh of a man between 20 and 30 years of age. Dr. B. remarked that the elementary form of this disease is tubercular, and that the tubercles may be either few and isolated, and scattered over different parts of the body, or arranged in patches or groups, as in this cases, which is the more rare form of the two. This patient had a spot on the outer surface of the thigh, of an irregularly circular figure, five or six inches in diameter, of a dull red color, and partially surrounded by thin scabs, which had not yet fallen off. It began with a small spot about three years ago, and had gradually increased spreading from the centre towards the circumference, and, in this respect, resembled one form of syphilitic cutaneons disease, with which it might also be confounded for other reasons. But it had not the copper color of that affection, nor the thick scabs, nor were the scars left by it of the same character. The history of the case and accompanying symptoms also served to confirm the diagnosis. On the one hand, there was strumous diathesis, and the disease had also previously manifested itself about the angle of the lower jaw, an uncommon seat for syphilis; while, on the other hand, at the same time that the patient denied any syphilitic infection, without particular reason for doing so if it had existed, there were no marks of primary disease left in the form of scars, nor any preceding or attending symptoms of venereal infection. The patient is rapidly improving under the use of iodide of potassium.

The severe case of *Psoriasis guttata* of twenty years' standing, previously exhibited, was again brought forward, to show the decided improvement which is taking place under the use of tincture of cantharides (the *saturated tincture*,) of which he now takes ten drops three times daily, in camphor mixture. He is now also using warm baths. No effect has been produced on the urinary organs by the remedy. The spots are now almost entirely free from scales, some of them have lost their elevation, and in others, the circles are breaking up into irregular segments.

Two cases of *syphilitic* eruption were also shown, one of the *pustular*, seated about the chin and mouth, in a colored female; and the other *tubercular*, very well characterised, and situated on and about the nose, lips, and upper part of the chin, in a man. Dr. B. remarked that this variety of the pustular syphilitic eruption more frequently affects females, and more especially those of cachectic habits. The constitutional symptoms in the tubercular case were very well marked. The primary symptoms had existed about a year before, for which he took mercury at the time, so that his gums were sore about a week, which did not, however, prevent the constitutional infection. Dr. B. remarked that he had frequently seen cases in which the incomplete use of that article had been attended with similar failure in protecting the system, and that its use must be continued at least a month to afford an adequate chance of security, and that it is much better to persevere in its use for a still longer time. The seat, color and arrangement of the tubercles, in a more or less circular form, in this case, are pointed out as among the most important diagnostic marks of this disease. There had been also sore throat, and were at present pains in the long bones, besides the characteristic marks left by the eruption in other parts of the body.

A well marked case of *Eczema impetiginodes*, on the hands of a female, of two years' standing, were also exhibited, and there were other cases in waiting, which could have profitably occupied a still longer time, had not the hour devoted to this purpose already elapsed.

Surgical Clinique of the Stuyvesant Institute Medical School.

Dr. Pattison's Clinique, as usual, poorly attended.—There were, however, a good many old women and ricketty babies present, to whom the learned Professor lectured with his usual energy and good sense; he also scarified an inflamed eyelid with remarkable dexterity and *steadiness of hand*, and received the wondering admiration of the aforesaid venerable matrons and interesting juveniles.

Orthopœdic Surgery in the United States.

[From the able and concise 'Annual Report on Surgery,' read before the College of Physicians of Philadelphia, by Dr. Parrish, and published in the 'Quarterly Summary of the Transactions' of that highly respectable body, we extract the following very judicious remarks relative to the introduction, progress, and merits of orthopœdic surgery, particularly as practised in this country. —Ed. L.]

The method of operating now generally pursued was devised by Stromeyer, of Hanover, and is certainly both safe and ingenious. The operation of dividing the tendo-achillis is not new; it was first performed under the direction of Thilenius, an Italian, in 1784, and was repeated by Satorius, Delpech, and Stromeyer. The latter surgeon has, however, been chiefly instrumental in awakening general attention to it, and in extending the cure of other deformities.

Dr. Detmold, formerly of Hanover, now of New York, was among the first who operated in this country, and by his report of cases published in the American Journal of Medical Science, for May, 1838, the attention of American surgeons was generally awakened to the subject. From that period, to the present time, the operation has been extensively practised, both here and abroad, and many reports of its results have been published.

The division of muscles has been practised in the deformities of the lower extremity, besides club-foot, as also in that distressed affection called wry-neck.

Another operation which has excited a very general interest, is that recently devised by the celebrated Berlin Professor, Dieffenbach, for the cure of strabismus.

The account of this operation reached us about the middle of the past year, since which period it has been practised in a great number of cases. The results are said to be most gratifying, and the failures rare. The testimony afforded upon this subject, has also been of a doubtful character, many cases having been reported through the newspapers and other unprofessional channels, before sufficient time had elapsed, to test the actual results of the operation. From reports which can be relied on, however, there seems to be no doubt that some cases of strabismus have been cured, and that the operation may be ranked among the improvements of modern Surgery; whilst it is equally true, that its indiscriminate application to all cases, is absurd and highly detrimental to the best interests of science.

It is also to be remarked, that the short period which has elapsed since the introduction of the operation, does not enable us to judge with precision of the ultimate effects which the division of one or more muscles of the eye may have upon the actions of the rest. May not the division of the internal rectus, for instance, produce a tendency to eversion of the eye-ball, under the action of the opposing muscle, long after the immediate effects of the operation have passed over? It is said, that this result has occurred in some instances. How far it is to be apprehended in other cases, time alone must determine.

In hinting thus briefly at the several new operations introduced for the cure of deformities, we cannot withhold the expression of sincere regret, that this department of surgery, which, however useful in its place, is still subordinate to the higher aims of the science, which consists in the cure of those various surgical diseases, involving the life of limbs, without a resort to the knife, should be magnified into undue importance, and seized upon by the unprincipled and ambitious, as a means of exciting popular attention towards themselves.

Within the past few years, the records of Surgery have been defaced by the most extravagant accounts of tendon cutting, and other operations to cure deformities. Take the following heading as an example:—'Subcutaneous section of forty-two muscles, tendons or ligaments, practised the same day, on the same person, to cure a general articular deformity, by M. Jules Guerin, of Paris.'

Cases have been reported as cures long before sufficient time had elapsed to pronounce them as such, according to the fixed laws of nature and the legitimate deductions of reason. Thus it is, that the confidence of the profession on medical testimony is weakened, and the permanent progress of the science is impeded.

We cannot close this subject, without a brief allusion to several novel operations, which have originated in our own city, although they do not belong to the particular period under review.

We shall first designate the operation of Dr. Rhea Barton, for the cure of a most distressing deformity of the lower extremity, from inflammation of the knee-joint, resulting in anchylosis. The operation has excited the admiration of surgeons both here and abroad, and may well be ranked among the recent triumphs of surgical skill; it consisted, as is generally known, in excising an angular portion of the os femoris, a few inches above the knee joint, the apex of the triangle being on the lower surface of the bone, which was left untouched.

The loss of this triangular piece, presented of course two cut surfaces of bone, and a considerable vacuity, increasing in width from the apex to the base of the triangle: these two surfaces were now gradually approximated, and as they approached each other, the leg, which was bent at right angles with the thigh, was extended; union between the bony surfaces took place, and, as it progressed, the limb was placed in a position occasioning the least deformity and inconvenience to the patient, and enabling him to use it with facility, for all the purposes of locomotion.

Muscular Cicatrix after the Operation of Strabismotomy, according to M. Bouvier's Dissection.

The patient died of consumption about three months after the cure of the strabismus. The disease was in the right eye, and divergent. 'The rectus externus of the eye, which had been perfectly divided a few lines distant from its insertion in the sclerotic, adheres anew to this membrane by a fine cellulo-fibrous production, fixed about a centimetre behind its normal place of attachment, and quite analagous to the bands of new formation which reunite the muscle to the eye, according to the experiments of Amussat and L. Boyer upon horses. The attachment of this aponeurosis to the eye describes a curve with an anterior concavity. The middle part has become adherent to the sheath of the inferior oblique, near the ocular termination of this muscle. Its superior extremity is less prolonged forward than the inferior, from which arises a filament apparently tendinous, which extends nearly as far as the old attachment of the muscle. This diposition, which one might attribute to the fact that the inferior edge of the muscle may have escaped the section, appears rather due to the preservation of the ocular fascia to a greater extent below than above: for a decided line of separation divides the fleshy body in its entire height from the new aponeurosis, and the muscular fibres are all equally retracted, which could not have taken place if some had remained in tact. The anterior end of the muscle has become atrophied; no distinct trace of it remains, although it was very apparent after the operation. The division of the conjunctiva had left no visible cicatrix.'—*Bulletin de l'Academie.*

FROM THE LONDON MEDICO-CHIRURGICAL TRANSACTIONS.

Malposition of the Kidneys--Absence of the Vagina, Uterus, and Fallopian Tubes--Disease of the Left Ovary.

Sarah Richardson, aged 72, died in the St. Marylebone workhouse of chronic disease of the brain and lungs.

The renal capsules were in their usual position, on either side the spine, immediately below the diaphragm. Right kidney situated in the right iliac fossa, below the cæcum, partially concealed by the right ovary, which had a slight peritoneal attachment to it. The renal artery was given off from the right iliac, close to the aorta.

Left kidney in the pelvis below the psoas muscle, resting on the sacrum and origin of the pyriform muscle. An artery which arose from the aorta at its bifurcation, in the situation of the middle sacral, entered the upper end of the kidney; another larger branch from the internal iliac artery, entered the kidney in the usual situation.

Kidneys, ureters, and bladder, in a healthy condition. Right ovary, when divided, presented the natural structure; to its upper or free extremity was attached, by a thin neck, a small oval sac. A round ligament connected the ovary to, and was lost in, the cellular tissue behind the neck of the bladder.

The situation of the left ovary was occupied by a fibrous tumor of an irregular globular shape, connected by a round ligament smaller than that on the right side, but which took a similar course to the bladder.

The Fallopian tubes were not present. There was a slight projection of the peritoneum, behind the bladder, from cellular tissue beneath it. A careful examination of the parts in their recent state was made by Dr. R. Lee, also by Mr. Kiernan, afterwards by Mr. Perry,—no vestige of uterus could be discovered.

The external parts of generation presented no unusual appearance; the mons veneris but thinly covered with hair: a *cul-de-sac*, about half an inch deep, beneath the orifice of the urethra, is all that exists of a vagina.

Mammæ were well developed for so old a person.

As regards the previous history of this woman, the only information obtained was, that she had been married, but did not live on amicable terms with her husband.

In the case of Hannah Brown, murdered by Greenacre, the absence of the uterus was observed as in this instance.

On the Treatment of Gonorrhœal Ophthalmia.

BY M. RICORD.

From the dangerous nature of this affection, the surgeon should be careful to attack it on the earliest appearance of any symptoms which indicate its development. As soon as the conjunctiva shows the least redness, whether general or partial, the eye should be protected from the light, strict attention to regimen ordained, and the bowels opened by some laxative medicine. When the gonorrhœa is accompanied by some fever, or the latter appears immediately before or soon after the redness of the eyes, leeches are to be applied on the temple. The main remedy, however, is cauterisation of the affected conjunctival membrane with the nitrate of silver. It is far better to run the chance of employing this measure, in cases of doubtful appearance, than to defer it until the disease has acquired a degree of intensity which may baffle all our efforts. In a very early stage, one or two light applications of the caustic may be sufficient; but in all cases the subsequent use of the remedy must be regulated by the effect of the first applications on the inflammation of the eye. The direct use of the nitrate of silver is seconded by a wash containing the same substance in solution. One grain to the ounce of distilled water is commonly sufficient, and the lotion may be applied three or four times day. In more severe cases, when the conjunctiva is granular, furnishes an abundant secretion, and the eyelids are more or less swollen, but when no regular chemosis exists, we still rely on the nitrate. Care must be taken to apply it to all the affected parts, but not to touch the cornea. The effects of this remedy, when prudently but energetically used, are truly wonderful; there are certain rules, however, by which the practitioner should be guided. When the first application fails to diminish the tumefaction, pain and secretion of pus, and especially when the appearance and consistence of the latter are not changed by it, we must have recourse to the nitrate of silver again; in very acute cases this must be done within five or six hours of the same day.

The nitrate of silver has been applied in the form of solution, as a powder, or solid; but the lotion is certainly the most convenient form, particularly in the case of children or irritable persons. The strength in which I employ the solution is two scruples of the nitrate to eight scruples of water. It may be applied with a camel's hair brush, first to the lower lid, then to the upper one, and finally to the globe of the eye. I have already said that we should be careful to avoid the cornea. Some recommend the application of a drop of oil to cover this part of the eye; but the object is equally well attained by injecting some water between the eyelids. Solid nitrate of silver is the form which I generally prefer; with the caustic pencil the granulations and other morbid products are more easily commanded, but more caution is required to avoid injuring the cornea. The pencil should be passed over the diseased surfaces, until a thin white film ensues; our object being to modify the action of the mucous membrane, but not to destroy it.

Although I have thus recommended the use of nitrate of silver in all stagess of gonorrhœal opththalmia, I would not have the practitioner neglect other means of subduing the inflammation. In severe cases, general and local abstraction of blood must be employed; we must command the inflammation, and not be content to follow it; purgatives and abstinence from food will also be requisite. The patient, likewise, finds much relief from warm fomentations of the decoction of poppies. The extract of belladonna is efficacious in all cases of ophthalmia, and in this form particularly, by diminishing the sensibility of the organ; it may be rubbed round the base of the orbit twice a day. To cleanse the eye from the purulent secretion with which it is constantly bathed, is also indispensable; for this purpose I am in the habit of injecting, every hour or half hour, according to circumstances, the anodyne decoction and weak lotion of lunar caustic alternatively. The efficacy of the treatment now recommended has been abundantly proved by experience. During the last ten years I have only lost a single eye, and this can be testified by the numerous practitioners and pupils who have attended the venereal hospital during that time.—*Bul. de Therapeutique.*

On Inflammation of the Mucous Follicles of the Vulva, and its Treatment. By M. A. Robert.

This affection frequently accompanies blenorrhagia, or occurs in women who suffer from sub-acute inflammations of the mucous membrane of the uterus, or is induced by pregnancy or abortion, or appears as a consequence of derangement of the menses. The chief seat of the inflammation in these cases is to be found in those two large mucous follicles situated at the entrance of the vagina, and known by the name of the glands of Duverney or of Bartholinus.

Its chief symptoms are a darting pain and distressing pruritus at the vulva, aggravated by all the patient's movements, and especially by sexual intercourse. Considerable redness is observable at the entrance of the vagina; sometimes especially obvious at the two points which correspond to the openings of the mucous follicles, from which pus can usually be squeezed by slight pressure.

The nature of the affection is frequently mistaken by practitioners, who sometimes attribute the itching to the irritation of the mucous membrane of the vagina from habitual leucorrhœa; others conceive it to be a form of porrigo, or look on it as the consequence of syphilitic infection. Nothing, however, is easier than its cure when the real nature of the affection has been ascertained. It consists in introducing one of Anel's stylets into the follicle, then laying its cavity open by means of a pair of probe-pointed scissors, and cauterizing its internal surface with nitrate of silver. The operation, though painful, is never dangerous, and is always succeeded by a complete cure, provided the whole of the follicle has been destroyed, but when this has not been effected, a repetition of the operation may become necessary. Some cases are detailed in illustration of the benefits of this procedure, where the patients had suffered from the affection for years, and undergone a variety of treatment without effect.—*Bulletin Général de Thèrapeutique.*

THE COLLATERAL SCIENCES.

Functions of the Skin.

BY M. DUCROS.

[M. Ducros has made a report of his experimental researches on this subject to the Academie des Sciences; a commission has been appointed to examine his report; awaiting the result of their investigations, we give a short *resumé* of his experiments, which, if established, may have great influence over our treatment of diseases.]

1st. That covering the skin of animals with a coating of gum-lac kills them more or less rapidly, according to their relative strength, producing convulsions, which resemble those of epilepsy.

2d. That animals covered with gum-lac, and placed under the influence of an electric machine, perish twice as quickly.

3d. In order to see if metals, which have physical characters opposite to those of resins, I placed thin metallic plates in contact with the skin of animals, after having cut off their hair. Death resulted, with symptoms of weakness, in opposition to the phenomena produced by gum-lac.

4th. Placing a covering of gum-lac on the metallic plates hastened death.

5th. Having placed the animals, provided with their metallic coats, under the influence of an electric machine, he alternately produced phenomena of life and death, invigorating the animals, when charging them with electricity, and *vice versâ*.

[From these experiments, M. Ducros was induced to try the use of metallic plates in the cure of disease. The following are his conclusions:—]

1st. Neuralgia, tic doloreux, &c. which exist independently of all organic lesion, are sometimes cured in a few minutes.

2d Tic, complicated with some lesion, may be calmed, but not cured. by the metallic plates.

3d. Acute rheumatisms, with fever, and congestion of the articular tissues are cured, provided there be only pain and congestion.

4th. The use of metallic plates, coated with gum-lac, in acute inflammatory rheumatism is not beneficial, but aggravates the disease considerably.

5th. Metallic plates used for neuralgic affections when there is anœmia, and general weakness, increase the pain.

6th. In anœmic neuralgia, the greatest relief is obtained by resinous applications.—*Gazette Medicale.*

Nutritive Power of Gèlatine.

[A very interesting report has been presented to the Academie des Sciences on this important subject by a commission appointed for that purpose, and which has conducted experiments during ten years. M. D'arcet had so strenuously urged the advantages of using gelatine procured from bones, as a substitute for meat in the formation of soup, that it was extensively employed in many hospitals and poor-houses. Subsequent experimenters denied the nutritive power and even the wholesomeness of gelatine, as an article of food. The commission have extended their labors to the examination of other substances. These are the conclusions at which they have arrived:—]

1st. We cannot by any known method extract from bones an aliment, which, either alone or mixed with other matters, can be substituted for flesh meat.

2d. Gelatine, albumen, fibrin, taken alone support life only for a limited period, and incompletely. In general these substances soon excite an insurmountable disgust, so that the animals experimented upon will rather perish of hunger than touch them.

3d. The same substances, artificially compounded, and agreeably seasoned, are taken with greater readiness and for a longer period, but ultimately they afford no greater support, and the animals so fed at length die of complete inanition.

4th. Muscular flesh, (in which gelatine, albumen, fibrin, are united according to the laws of organic nature, with other substances, as fat and different salts,) suffices even in small quantity to support life for a long time.

5th. Bones are nutritive in a less degree, but when the continued gelatine is extracted by boiling or a chemical process, its nutritive power is very much less, and often entirely disappears.

6th. Gluten, such as is extracted from wheat or rye flour, is alone sufficient to afford complete and prolonged nutrition.'—*Rapport a l'Academie Royale des Sciences.*

On the Development of the Hair.

BY DR. GUSTAV SIMON, OF BERLIN.

The author's investigations were for the most part made on fœtal pigs. In those that were not more than two inches long, he found, as Heusinger did, that the skin had the appearance of having been sprinkled with fine black dust, or if not so, that it contained white cells of the same form as those from which, in your black or spotted pigs, the dark spots proceeded. These cells, whether black or white, were found to be the embryonic hair-follicles; they lay very obliquely or almost horizontally beneath the surface of the skin, and were somewhat pear-shaped, their smaller ends being next the surface. They were lined by small granules, probably the nuclei of cells, and (in the parts that would have black hairs) by a layer of black pigment in round or star-shaped cells. It was obvious that the hair-follicles are formed in the embryo earlier than the hairs, for in fœtuses so small as these no trace of a hair could be seen.

The first part of a hair that could be discerned was the root, which appeared as a small mass of round, and sometimes black, granules, like the cells of the rete Malpighii, set in the bottom of the follicle. From these cells are formed the shaft of the hair, probably, as Henle supposes, by the elongation and occasional swelling of their nuclei to form the fibres of the cortical substance, and by the gradual elevation of the cells of one set, by others produced after them, to form the cellular medullary substance.

When the hairs have grown to a length greater than that of the containing follicles, they do not at once grow straight out of them, but their ends bend back again so as to form loops, with their arches directed to the surface, and the very point of the hair turned back to the root. Their extrusion is prevented for a time by a thin membrane composed of very fine cells, like those of epithelium, but which is separate from the true epidermis, and must rather be regarded as the fœtal layer of the amnios. As this membrane separates, the hairs make their way out of their follicles, and by the time the fœtus is between eight and twelve inches long, they commonly all project from the skin.

The sebaceous glands attendant upon the hair-follicles are always formed rather later than they, but traces of them are visible before the root of the hair is produced.

Exactly confirmatory observations were made on several fœtal dogs and calves.—*Müller's Archiv.*

Minute Anatomy of Fatty Degeneration of the Liver.

Mr. Kiernan has well described the *vascular element* of these minute representatives of the organ. It consists of a capillary plexus intervening between the portal and hepatic veins. The diameter of the capillaries in this plexus is very large, being nearly twice that of a blood-globule; while the diameter of the capillaries in most other textures is the same as that of the blood-globule, and in some (as muscle) even less, so that the blood globules only pass along by undergoing elongation. This large size of the capillaries of the liver, probably, has reference to the deficiency of propelling power in the portal circulation. This *portal hepatic plexus* may be termed *solid*, as it is extended in all directions, and presents areolæ of nearly the same dimensions in whatever plane it is cut. These areolæ are in general not larger than the diameter of the vessels which form them, so that a well-injected specimen might appear to be composed of little else than vessels.

In the interstices of this capillary plexus lies the *secreting portion of the bile ducts.* If a thin section of an uninjected lobule be examined with a sufficient magnifying power, it is seen to be almost entirely made up of small, irregular, angular particles, each containing a circular or oval nucleus, within which is a minute point or two, the nucleolus. These particles have a determinate outline, are of some thickness, and possess a fine granular aspect. They also contain (which is very remarkable) one, two, or more globules of fatty matter, irregularly placed, and of somewhat variable bulk.

The microscope at once reveals the seat of the *fatty deposit in the diseased state of the organ.* Instead of containing a few minute scattered globules, *the nucleated particles are gorged with large masses of it*, which greatly augment their bulk, and more or less obscure their nuclei.

This simple description developes the whole anatomical condition of the disease, as well as explains its rougher character, the bulk, the color, and the freedom of the circulation. The particles, lying in the interstices of the capillary plexus, enlarge slowly and equably, in such a manner as to exert no injurious pressure on the vessels, while their new contents impart that peculiar hue which characterizes the disease. It also throws no little light on the nature and source of the disease. It seems to show that the fat is an *increase of a normal constituent*, and not a formation altogether unnatural in kind; thus distinguishing it from the fatty degeneration of other tissues, where fat is deposited in situations from which it is naturally absent. It likewise indicates an increased activity in the secreting action of the liver, for a considerable period before death, though why the *accumulation* of fat should occur within the nucleated particles does not so clearly appear. To explain that fully, will require a more complete knowledge than we yet possess, of the chemical affinities at play within these small laboratories of nature.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

One of Dr. Mott's 'Original Operations.'

TO THE EDITOR OF THE LANCET.

SIR:—

This morning I happened to peruse, in the 15th number of your journal, a lecture by Dr. MOTT, in which the learned Professor details, in his own peculiar way, with great minuteness and considerable self-adulation, an operation for removing 'a fibrous polypus of the hardest structure.' On this operation, which *he considers 'original,'* and for which he freely gives himself no small credit, I cannot forbear making a few remarks, to which, for the sake of truth and justice, I request you will give insertion.

Near the beginning of the 26th lecture, as reported by you, Dr. MOTT says—'Before I proceed to another subject, gentlemen, I will close the subject of polypus, and tumors, and difficulties about the posterior fauces, by introducing to your notice what I say is an *original* operation. I bring it in here, and you may put it as an appendage to the subject of polypus I have described. I introduce it to you now because it belongs to this point, as immediately connected with the nose. *I know this to be an original operation.'* Then follows a very prolix account of the history of the case—the numerous unsuccessful attempts at removing the morbid mass by other surgeons—the method he adopted, first on the dead subject and then on the living. Part of the detail is too peculiar and unique to be omitted. After turning aside the soft parts, and 'sawing through the os nasi and a considerable portion of the superior maxillary bone,' he goes on to say, 'I sawed through *here* just above the teeth, and as a little splinter of bone held on, for the *first* time in *my life* I *used a chisel.* It is very common in Europe—nothing is more common than a chisel and a mallet in an operation. *I have a very beautiful chisel and a little hammer*, such as is used in lithotrity, and so I made it all appear perfectly surgical. I gave the chisel one rap, and it was off. *Therefore that was the first time I used a chisel.'* After a pleonastic description of pulling and cutting et vice versâ, the Doctor adds, 'I put my claws on it, then took another strong pair of forceps, and laid hold of it firmly. I said to one of the assistants, hold on to his head, and I was determined to give him a monstrous tug: and with both hands in this way, I gave one wrench, and away it all *come*, and staid away till this day. He is perfectly well. *Now this is a new operation, and as such I claim it far myself and for my country.* Somebody has told me that it was done in London, and that the case is given in the first volume of the London Medical Gazette. But no, I have read that, and it is not like mine—the patient perished. That is the only case at all resembling my case, and I presume to say, that as far as the description goes, all gentlemen with whom I have conversed say they know nothing of any operation similar to the one I have described—that is for this very thing. Remember little shades of difference may arise, but for this affection *my operation* is *original and unique.* I add that to the list of diseases of the nose and the face.'

This additional wreath of laurels, which the worthy Doctor has gathered for his own brow, and placed so generously on the cap of liberty, I would be the last to tarnish, could it be worn gracefully as exclusive property; but the Doctor's memory or reading must be lamentably defective, and I shall endeavor to place the matter in its proper light. An operation, precisely similar in all its leading features, but of far greater difficulty and magnitude, was performed by Mr. Syme, of Edinburgh, about twelve years ago. The patient was a clergyman, about 40 or 45 years of age. He applied first to Mr. Liston, then one of the surgeons in the Royal Infirmary of Edinburgh, but he declined the operation. The patient afterwards consulted Mr. Syme, who undertook the case, and performed the operation in the Surgical Hospital with entire success. I regret not being able to lay my hands on the volume containing an account of this case, which was published among others, in the quarterly reports of the hospital, and I believe also in the *Edinburgh Medical and Surgical Journal* for the year 1831 or 1832, but I have a perfect recollection of its leading features, having been one of Mr. Syme's assistants on the occasion. The tumor was a hard fibrous polypus of prodigious size; it filled the anterior and posterior nares—had increased the nose to enormous dimensions—separated the bones of the orbit on its inferior segment, and pushed one of the eyes beyond the external canthus upon the plain above the zygomatic arch. A free incision was made, in a manner similar to that described by Dr. Mott; the soft parts of the nose and the surrounding integuments sufficiently reflected to expose as much as possible the tumor and osseous structure. Bone after bone was either partially or wholly removed, till free access was obtained to the body of the polypus, which was found adhering so firmly to the surrounding structure as to render it impossible to remove it wholly in a mass. A large portion was first detached, and others successively, till the cavity remaining became so great as freely to admit the introduction of the operator's hand, when every fragment which could be discovered was most carefully withdrawn. The bleeding was very profuse. The extensive wound healed by the first intention—the eye returned to its socket—and not a vestige of former deformity remained. Now, it is perfectly plain that this operation embraces all the essential features present in Dr. Mott's case, only in a much more remarkable degree. So far as the mere operation goes, therefore, Dr. Mott cannot justly boast of *originality.* The tumor may be said to differ in structure, although we think otherwise, and may be called by another name; but this would only entitle him to the credit of falling in with a species of morbid structure, different from any heretofore discovered in the same region, which, like any other skilful surgeon, he successfully removed. It would not entitle him to the praise of *originality*, which he so boldly claims for *himself* and for his *country.* In all its details, Mr. Syme's operation was similar to Dr. Mott's. Its object the same; the removal of a large hard fibrous polypus—its performance more formidable, difficult, and dangerous—and its results equally successful and happy. Ergo, in this case Mr. Syme is 'captain of the deck,' and Dr. Mott is only second mate.

I am, sir,

Yours respectfully,

Robert Dods, M. D.

New York, April 12, 1842.

One of Dr. Mott's Original Inventions.

TO THE EDITOR OF THE LANCET.

Dear Sir:—

As your motto is 'Fiat Justitia,' I suppose you render it to the ancients as well as to the moderns. If so, look into 'old Heister,' plate XX., fig. 12, and see if Professor Mott has not been setting a good example of barefaced plagiarism to his illustrious colleague, Professor Bedford. Compare Heister's instrument for opening a rigid mouth with that *invented* by Professor Mott, and published as an '*original invention*' in the American Journal of Medical Sciences for 1829, page 102, and let us know the difference between the two. Speak out.

Medical Student.

Philadelphia, March 25, 1842.

[This is a small matter, as times go—only a fashionable trifling pecadillo. Now-a-days, learned Professors have only to beg, borrow, steal, and bluster, in order to gain imperishable renown,—and, what is better—fill their pockets.—Ed. L.]

To Correspondents.

Dr. Peters is respectfully informed that we regard the Coal Company with which he is connected, as well entitled to public patronage, but the *Lancet* is not exactly the proper vehicle for conveying an advocacy of its claims.

If 'Alpha' calls on us personally, he will receive an answer.

Dr. Carl Volk, Williston, Vt., mentions a case which lately occurred in his practice, of congenital adhesion of the pleura to the diaphragm. Several children of the same family were similarly affected, and died when about twelve months old.—The missing No. of the *Lancet* has been sent to Dr. V.'s address.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending April 23, 1842.

42 Men, 32 Women, 43 Boys, 41 Girls. Total, 153.

DISEASES.

Apoplexy	0
Asthma	1
Asphyxia	1
Abscess	1
Aneurism	0
Bleeding	0
Bleeding from stomach	0
Bleeding from lungs	1
Burned or scalded	3
Casualties	9
Cholera infantum	3
Cholera morbus	0
Cancer	1
Consumption	34
Convulsions	8
Croup or hives	4
Debility	0
Delirium tremens	2
Diabetes	0
Diarrhœa	1
Death from poison	0
Dropsy	1
Dropsy in head	8
Dropsy in the chest	3
Drowned	2
Dysentery	1
Erysipelas	0
Epilepsy	1
Fever	4
Scarlet	10
Typhoid	5
Puerperal	1
Remittent	0
Bilious	0
Inflammatory	0
Intermittent	0
Hip Disease	0
Intemperance	2
Inflammation	3
Of liver	1
Of bladder	0
Of brain	7
Of stomach	0
Of chest	4
Of lungs	12
Of bowels	6
Of throat	0
Of womb	0
Insanity	0
Killed or murdered	0
Locked-jaw	0
Lues Venera	0
Mortification	0
Malformation	3
Marasmus	6
Measles	0
Old age	3
Organic disease of heart	2
Palsy	0
Rupture	0
Rheumatism	0
Spinal disease	0
Suicide	0
Sprue	1
Small-pox	4
Scrofula	1
Teething	1
Tumor	0
Unknown	0
Ulceration of throat	0
Ulcers	0
Varioloid	0
Whooping cough	0
Worms	0

William A. Walters, City Inspector.

City Inspector's Office, April 23, 1842.

THE NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, MAY 7, 1842. No. 19.

LECTURES.

A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.
BY
JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture VI.

Organic murmurs continued—Inorganic murmurs—Effect of valvular disease on the progress of enlargement of the heart—Pulse in valvular disease—Jugular pulse—Angina pectoris, nature and causes.

GENTLEMEN :—

At the conclusion of my last lecture, I remarked that the pulmonary valves being most superficial, any morbid sound generated in them would be more superficial than that which has its seat in the aortic valves; and that the sound would also be distributed along the pulmonary artery. But after all, these points, especially the former, are so minute and so liable to escape observation, that you could hardly be justified, perhaps, in saying that the pulmonary valves were the seat of disease, and not the aortic. Diagnosis founded on a sound being a little more or less superficial, must be very uncertain. More observation is required to establish the points in question. And now let me present to you, in the form of distinct propositions, the facts in relation to the diagnosis of valvular disease, which in my last lecture I gave you somewhat in detail.

I. An obstruction of the aortic orifice is indicated by a bellows sound having its maximum over the aortic valves, viz: at the centre of the sternum, between the cartilages of the third and fourth ribs; it accompanies, and, if intense, masks the first sound of the heart, and is transmitted in the direction of the current upward, along the aorta.

II. An imperfect closure of the aortic orifice, permitting regurgitation, will be indicated by the morbid sound having its maximum at the same point, i. e. over the aortic valves; but it will accompany, or mask the second sound of the heart, and instead of passing up along the aorta, it will rather pass down with the current.

III. In similar conditions of the orifice of the pulmonary artery, viz: obstruction and imperfect closure, the same facts obtain, except perhaps the sound is more superficial, and in the first instance (obstruction) it is transmitted to the left of the median line, following the course of the pulmonary artery.

IV. Obstruction of the auriculo-ventricular orifices is indicated by the bellows sound having its maximum over the seat of the valves—(for the mitral, between the cartilages of the third and fourth ribs, at their junction with the sternum; for the tricuspid, opposite the cartilage of the fourth rib ;) it accompanies the second sound of the heart, and is transmitted downward over the ventricles.

V. Imperfect closure of these orifices will be indicated by the morbid sound having its maximum over the same valves, but it will accompany the first sound of the heart, and be transmitted downward along the chordæ tendineæ, and not in the direction of the auricle, the walls of which are not sufficiently tense to transmit vibrations.

I now continue our subject. The rough sawing and musical sounds are dependent on a strong current of blood, passing through a rough or small orifice, and much more common during the contraction than the dilatation of the heart. You will also notice if you examine a patient in different positions, that the character of the sound will materially change. For instance, if the patient be sitting up, and inclining a little forward, the sound is more intense and rough than when he is in a recumbent position. I have often particularly noticed this, and the reason is, that when the patient lies down the heart falls back from the anterior parietes of the chest, and of course the sounds are not so readily transmitted to the ear. There is another phenomenon connected with these sounds which is important to notice, and that is the peculiar thrill sometimes felt over the region of the valves, and any one who has reflected on the subject of diseases of the valves would readily suppose that such a thrill would be communicated to the touch. This, of course, aids you, to a certain extent, in the formation of an accurate diagnosis. This thrill precisely resembles that which accompanies the purring of a cat.

You will recollect that this bellows murmur is not always connected with organic disease—a matter of great importance, and the diagnosis is sometimes exceedingly difficult. It is indeed often the case that we do not find after death any evidence of organic disease of the valves, though during life this sound may have been heard. You must then learn to discriminate very carefully, or you will be continually falling into errors. If you take a large animal and bleed it copiously and repeatedly, and so reduce it, you will notice a succession of remarkable phenomena. In the first place, of course, faintness or exhaustion will be produced, followed sooner or later by reaction. The heart begins to act with renewed force—palpitations occur—and the action of the heart gradually becomes quick and jerking. The bellows-sound is now generated. Allow the animal to live a few days without subjecting it to further depletion, the reaction subsides, and the bellows sound ceases. Bleed it again to syncope, and the same phenomena recur. This simple experiment surely proves conclusively that the bellows sound has no necessary connection with organic disease, for it appears and disappears under particular circumstances, and when the heart is restored to its natural state of healthy action, the sound entirely ceases, and does not again return, if the cause of its production remain absent. There is one fact important to notice, that this is always a simple blowing sound, it does not possess the roughness of the 'saw' or 'file,' it is simply a soft blowing sound, and so far as I know, it always accompanies the first sound of the heart and never the second; and also that it has its maximum of intensity over the aortic valves, and no where else. It is also very intermittent in its character. This point is the first and most important thing to notice in relation to this inorganic murmur. Now the same phenomena which I have just described, as the result of an experiment on an animal, are sometimes observed in the cases of patients, particularly in those who have been bled very freely, or in persons who are extremely nervous or chlorotic. We know very well that in chlorosis the state of the system is precisely analogous to what takes place in patients who have been bled very largely, and that the blood becomes paler and more watery. Magendie has shown, and I think, conclusively, that if you bleed an animal largely every day, you not only diminish the quantity of the blood, but you also increase the quantity of serum,—the fibrin and red globules becoming less. This is precisely the change which takes place in chlorosis. The red globules disappear, the fibrin diminishes in quantity, whilst the serum is increased. Therefore you would, *a priori*, expect that persons in this state should exhibit the same phenomena with respect to the sounds of the heart as are observed in the cases of persons who have been bled to a considerable extent. But the mere fact of this deteriorated condition of the blood is not the only consideration to be taken into account in these cases. These patients are extremely nervous and irritable—palpitations are induced by the slightest causes, and on such occasions this bellows sound is developed over the region of the heart; and is transmitted from this point through the arteries. I had frequently occasion to notice this fact when first studying the nature of these sounds. I recollect once, when in M. Chomel's wards in Paris, I discovered the phenomena I have described, in one case, and called the attention of some students to the fact, and in about fifteen minutes afterwards they returned with me to the bedside of the patient, but to my mortification I found that my beautiful case had disappeared, the sound so well marked a few minutes before, having altogether ceased! So it often is. No doubt this patient was excited by the entrance of the Professor and a crowd of students, which brought on excessive action of the heart, which had subsided on his being left in quiet. Now this bellows sound, heard in this way, intermittent, irregular, and soft, in persons nervous and chlorotic, is no proof of organic valvular disease. But when it accompanies the *second* sound of the heart, then it is an evidence of disease, for it then indicates regurgitation. Recollect this, and an important point of your diagnosis will be freed from much of its difficulty. Now, you may hear this bellows sound in the subclavian, the carotid, and in the femoral arteries. I might offer a variety of explanations of this fact, but none of them throw any light on the matter, if we except this single one, that there is, owing to the sudden action of the heart, a temporary disproportion established between the orifices of the heart and the current of the blood, and thus the same change is temporarily produced that would exist constantly if the orifices were permanently contracted. This is all that I will say in explanation,—as I remarked, many other theories have been offered on the subject, but none of them satisfactorily explain the phenomena in question. There is some reason, however, to suppose that the thinness of the blood has something to do in the production of this sound; and the result of some experiments made by Dr. Williams, of London, seem to strengthen this view. For instance, you have a tube like that which I described in my last lecture; if you force water through it, you generate a harsh, grating sound, but if mucilage of gum arabic be added to the water, and employ the same degree of force, the obstruction to the passage of the fluid continuing the same, yet the intensity of the sound is diminished, and its character modified. This, perhaps, goes some length in explanation of the fact under consideration. In some cases we have a continuous murmur—a constant whizzing, which has been termed the *bruit de diable*, the sound being precisely analogous to that of the toy from which it has received this designation. This is entirely different from the interrupted sound which is heard in the former instance. Dr. Hope paid particular attention to this, and regards it as owing to the passage of the blood through the jugular vein, and proposed to call it the *venous hum*.

What is the effect of valvular disease upon the progress of organic enlargement of the heart? This is a very important question. In many cases the valvular disease precedes the enlargement of the heart, and is then the direct cause of the enlargement; but in other cases the disease of the valves follows the enlargement of the heart, which then goes on with much greater rapidity, and all the symptoms are, of course, much aggravated. There is no rational sign by which you can distinguish valvular disease from simple enlargement. Simple enlargement, however, goes on slowly, and is sometimes developed in a very obscure and insidious manner. It may go on, gradually and slowly increasing, for a series of years, but if valvular disease set in, all the symptoms become decidedly aggravated—there are the same symptoms, but they are much more intense in their character, more rapid in their progress, and the prognosis of course is much more unfavorable. For instance, if mere simple enlargement exist, you may assure your patient that he may probably live for a considerable length of time and enjoy tolerable comfort. But if valvular disease exist, it would be very unsafe for you to express such an opinion. If such a complication exist, all the symptoms will be much more marked and distressing—the palpitations will be more violent, the dyspnoea more oppressive, and above all, the dropsical effusion will make its appearance much earlier, and will be more rapid in its progress.

It has been supposed that irregularity of the pulse is diagnostic of valvular disease, but you cannot rely upon this. You may say that if irregularity in the action of the heart occurs early, it may be connected with valvular disease, because generally speaking we know that in cases of simple enlargement this irregularity does not occur till a later period. But after all, this is mere suspicion, and is not a principle on which you can rest. Now, speaking of irregularity of the heart's action, I ought not to omit mentioning that in many instances this may occur, and yet the subject of it live to an old age without suffering any thing, not even more or less inconvenience from it; and continuing in every other respect perfectly well. So you will recollect that simple irregularity in the action of the heart is no proof of the existence of organic disease. You will frequently notice, in treating patients suffering from various diseases, with irritable constitutions, that the heart will become irregular in its action. In children, for instance, you will often find that the violent action of purgative medicine will produce this irregularity. In the treatment of patients laboring under acute diseases, whom I have subjected to free depletion at the commencement of their attacks, I have sometimes found that after they had passed to the stage of debility, this irregularity in the action of the heart immediately discovered itself. And nothing is more important in the management of such diseases than an attentive study of the heart in this respect. As soon as you notice, in such cases, the pulse becoming irregular in its character, then is the period for the administration of stimulants—a point of immense importance, and one which is not in all cases easily determined. When we come to consider the treatment of inflammatory affections of the chest, I shall enter minutely into the examination of this subject. I ought not, however, to omit mentioning, when speaking of the pulse, one fact which is diagnostic when it occurs—that is, the phenomenon of the jugular pulse. You will occasionally notice that the jugular veins become enlarged and distinctly pulsate, and that this pulsation is not owing to any impulse communicated by the arteries in the neighborhood, but evidently belongs to the veins themselves. Now this results from imperfect closure of the right auriculo-ventricular orifice. The tricuspid valves close this orifice in a state of health, but if disease exists, they may not, and the consequence is, that when the ventricle contracts, a portion of the blood regurgitates to the right auricle, and is transmitted to the external jugular vein amongst others, and so distinct pulsations are produced every time the contraction occurs, from the blood thus thrown back into the vein. Of course, in all such cases, the inference that the orifice is imperfectly closed, is as clear as possible. Now although, in any given case, you may be sure of this, yet if you open the heart carelessly, you will not discover any thing to account for the phenomena. And here let me urge on you the importance of measuring these valves in the manner I described in my first lecture. There may be in these cases a simple disproportion between the valves and the orifice without any organic change in the valves—that is, hypertrophy of the heart with dilatation of the orifice, the valves not increasing in proportion; and if the heart be carelessly opened, this imperfect closure of the orifice will not be observed. This explains, to a very considerable extent, the reason why the subject of valvular disease is generally so imperfectly understood. Many place little confidence in the diagnosis of valvular disease drawn from these murmurs, simply because they have not examined the valves as they should have done, when making *post-mortem* examinations. They do not measure the orifices and valves, and not observing any evidence of organic change, they take it for granted that no valvular disease exists, and that the murmurs they had heard resulted from some inexplicable cause. But it is only after carefully going through the process I have described, that an accurate opinion can be pronounced respecting the existence of organic change, or disproportion between the orifice and the valves.

There is another affection of the heart which I will now proceed to notice—that is,

‘ANGINA PECTORIS.’

This may be regarded as a complication of another affection, and usually of organic disease of the heart. A person thus affected presents the following symptoms. In taking exercise, he finds himself suddenly seized with an indescribable feeling of anxiety about the precordial region, and a sense of approaching suffocation, which compels him to stop instantly. This is the usual manner in which the paroxysms commence, and they generally subside soon after the patient becomes perfectly quiet. But they gradually become more frequent and more intense, and in addition to the anxiety and dyspnœa, we have the occurrence of sharp pain shooting across the chest, particularly towards the left shoulder, and extending down the inside of the arm along the course of the nerves. Again, in some cases the pain shoots down the spinal column to the lower extremities. This pain is frequently accompanied by a sensation of numbness of the arm I have had patients who described this sensation as that of sharp darting pain, and at other times as a sensation of tearing. One gentleman represented it as like the sensation of some one tearing his hand off at the wrist. After the paroxysm subsides, all this goes off, and the only unusual sensation left, is that of slight soreness along the arm and in the region of the heart. If you examine patients during these paroxysms, you will notice that the action of the heart almost entirely ceases—the pulse is either very feeble or is entirely absent. John Hunter was himself subject to this distressing affection, and he has described one of these paroxysms very accurately. He continued quite sensible but entirely pulseless nearly an hour With this absence of the pulse there is no cessation of the respiration. Persons thus affected continue to breathe as usual, and even feel relieved when they expand the chest by taking a full inspiration. During the paroxysms there is great paleness and coldness of the surface of the body, which is frequently bathed in perspiration.

This absence of the pulse and painful feeling about the sternum and heart induced Parry, who was the first to describe it, to give the affection the name of ‘syncope angens.’ By Laennec it has been termed ‘neuralgia of the heart.’ The paroxysms are usually at first discovered when the patients are engaged in active exercise, particularly when walking in the face of the wind. Persons riding on horseback facing the wind, have also then noticed the occurrence of the first paroxysm. But as the paroxysms increase in frequency, they seem to be excited by less powerful causes. Sudden mental emotions, for instance, a slight ruffling of temper will bring on a paroxysm. Some patients are so susceptible of these attacks that even turning in bed, or slightly changing the position of the body when sitting up, will induce a paroxysm. You can easily imagine how extremely uncomfortable the situation of such patients must be. What is the cause of all this? We notice in almost every case that these attacks are connected with organic disease of the heart. Dr. Forbes made an analysis of forty-five cases, and he found that thirty-nine of them were connected with organic disease of the heart or great vessels. Dr. Parry considered it as connected with ossification of the coronary arteries which he has well described. But it was soon discovered that that was not the only cause, although it was sometimes the only organic lesion. It so happened that in the first cases examined by Parry, ossification of the coronary arteries was the prominent organic change, but that is not the only lesion which has been found in these cases. Ossification of the aorta, or of the valves and other organic changes which we have already enumerated as connected with valvular disease, have commonly been found to exist in cases of angina pectoris. But sometimes no organic change whatever is discoverable. In some cases the heart is merely loaded with fat. In others, the parietes of the heart are thinner than natural. Again, in some cases we find enlargement of the liver; and the fact that some patients, especially the young, are cured without any difficulty, proves that at all events no organic change had taken place.

Angina pectoris occurs most frequently in old subjects and in the male sex. Dr. Heberden noticed that in all his cases (nearly one hundred) the subjects were near about fifty, and all males, except three who were females, and one who was a lad of twelve years of age. All organic diseases of the heart, you are aware, are most common at that late period of life. But how are the paroxysms explained? It is not so easy to understand this. Parry, who wrote so well on this matter, not only noticed as the primary lesion the ossification of the coronary arteries, but also that the cavities of the heart were in a state of great congestion during the paroxysms, and that this was connected with the absence of the pulse. The late Dr. Hosack, of this city, notices the same fact, but does not give Parry the credit of it, which he should have done; and so all succeeding authors have recognized distinctly this congestion of the heart and great vessels as occurring during the paroxysms. But you may ask, does not congestion of the heart and great vessels sometimes occur without the presence of any of the symptoms of angina pectoris? Certainly. And I cannot explain the absence of the nervous symptoms in the one case, and their presence in the other. I do not know why these neuralgic symptoms should occur in one case and not in another. It is worthy of remark that these symptoms occur most frequently in persons of a gouty diathesis. We notice again that they are very apt to occur in connection with dyspepsia, and where the disturbance is simply functional,—that is, there is no organic change, except perhaps mere thinning of the walls of the heart, hardly amounting to organic lesion. We often find that those cases which yield to treatment and are cured, have been accompanied by dyspeptic symptoms. You can easily explain this. Simple distension of the stomach and bowels from flatulence, so often occurring in dyspepsia, by pressing on the great vessels, tends to produce congestion of the heart and excite a paroxysm. It is also well known that persons subject to these attacks can readily induce a paroxysm by simply bending the body forward, rendering the curve of the aorta more or less acute, and so diminishing the freedom of the circulation.

To-morrow, gentlemen, I will finish this subject.

A case of successful amputation during the progress of traumatic gangrene, is recently related by Mr. Toogood, surgeon to the Bridgewater Infirmary. Every case of this kind is a valuable accession to the stock of practical knowledge.

LECTURES ON THE PATHOLOGY,

AND

Diseases and Derangements of the Nervous System.

BY

MARSHALL HALL, M. D., F. R. S., L. AND E., ETC. ETC.

No. VII.

I now proceed to treat of those diseases of the true spinal system which originate at a distance from the spinal centres; and

I.—OF CENTRIPETAL EPILEPSY.

This form of epilepsy takes its origin in the excitor nerves of the true spinal system, involving the axis of this system, and its motor nerves, in their turn; functionally, however, not organically. It is for this reason that I have denominated this form of epilepsy, centripetal. This form of epilepsy is to be viewed as curable, however difficult of cure. By avoiding the exciting causes, its attacks are avoided, the susceptibility to returns subsides; these returns become less frequent, and less severe, and, at length, frequently cease altogether. Every thing depends on rigid rules proposed by the physician, and strictly and perseveringly observed by the patient. In describing the causes, syptoms, and treatment of eccentric epilepsy, I must recal to your minds all that I have said respecting the anatomy and physiology of the true spinal system. Every part of this system is distinctly but exclusively involved in the circumstances of this disease; if the encephalon suffer, it is only as an effect of the convulsive attacks The principal causes of eccentric epilepsy are, 1, the presence of indigestible food in the stomach; 2, the presence of morbid matters in the intestines; 3, uterine irritation. The first of these acts through the medium of the pneumo-gastric; the second and third through that of peculiar spinal nerves,—all excitors belonging to the true spinal system. Compare what I have already stated on this subject. I have so repeatedly known a patient, subject to this form of epilepsy, experience an attack within five minutes of eating some indigestible article of food, or on experiencing a deranged condition of the bowels, or on every return of the catamenial period, as to leave no doubt upon my mind upon these important points. I have known the attacks prevented by a steady and cautious attention to rules in reference to these circumstances. In detailing the symptoms of epilepsy, I shall have to repeat all that I have said respecting the physiology of the true spinal system; every part, every function, which belongs to that system, is involved in the pathology of the epilepsy; the functions of ingestion and egestion are precisely those affected in this disease; the causes act through the excitor nerves, the symptoms are manifested through the motor nerves of that system The first thing observed is a varied distortion of the eyeball, which is drawn from the axis of vision generally upwards, and outwards, or inwards, and of the features. The second symptom is a forcible closure of the larynx and expiratory efforts, which suffuse the countenance and, probably, congest the brain with venous blood. In all these circumstances there is a most marked and important difference between epilepsy and hysteria, on which I shall insist hereafter. In the third place, we observe that the tongue is thrust out of the mouth by the genio-glossal muscle, whilst the teeth close upon it by the action of the masseters, and it, or the upper lip, is frequently severely bitten; or, without the spasmodic protrusion, and consequent injury of the tongue, there is grinding of the teeth. We next observe convulsions,—which is general, or of the whole muscular system, or hemiplegic, or confined to one side; or it occurs in the form of trismus, torticollis, in one limb, &c. During these attacks, the expulsors of the fæces, the urine, or the semen, sometimes act, and there is the unconscious evacuation of these secretions. There is sometimes rigidity of the penis. On this subject I must refer you particalarly to what I have said in another lecture. You will see, from this brief account of the symptoms, how peculiarly an affection of the true spinal or excito-motory system, epilepsy is. The previous arrangement of the functions of the system, in your mind, will enable you to remember and to explore the symptoms of this disease most accurately. I must now draw your attention to another set of facts, as causes, and also to another set of symptoms, as effects, of the paroxysm. Deep sleep, broken sleep, loss of rest, passion, vexation, exhaustion, inanition, and, especially, rising with an empty stomach, have frequently led to a paroxysm of epilepsy, and must, consequently, be carefully avoided in our rules of regimen for the cure of this disease. I have already alluded to the relation of the *sunousia* and epilepsy. I have known the act of washing the hands in cold water, induce an attack of epilepsy; I have known dashing cold water on the face prevent such an attack. These phenomena must be observed with accuracy. The effects of the epileptic paroxysm, to which I have just alluded, are the venous congestion of the brain, and the consequent effusion of serum in repeated attacks—effects carefully to be avoided by the appropriate remedies, on account of the havoc produced by them on the mental faculties and cerebral functions. Our task consists in preventing the attacks of epilepsy, and if this cannot be accomplished, in treating these attacks, and in obviating their effects on the cerebral system. We accomplish this task by cautiously avoiding the causes, by moderating the paroxysms, and by local means of subduing vascular action, and, perhaps, of depleting the vessels of the brain. The strictest rules must be laid down for the diet, for the state of the bowels, for conducting the catamenial periods. These last should be passed in bed; the feet and abdomen should be fomented; the warm-water enema, and the opiate enema, should be administered. The immediate accession of the paroxysm may sometimes be prevented by dashing cold water on the face, or by exciting the nostrils by snuff, &c. In this manner the disposition to closure of the larynx, and expiratory efforts, is exchanged for sudden acts of inspiration. In the paroxysm, the patient must be prevented from injuring himself by falls or blows. In this danger of injury we have another marked distinction between epilepsy and hysteria. The stupor, or coma, induced by the paroxysm may require the administration of blood-letting, general or topical, according to its degree and deviation, and probable effects. But tracheotomy is the remedy against the stupor, or coma, following the attack of epilepsy, if it exist in a dangerous degree. Besides the means to which I have alluded, other remedies have been proposed for the cure of epilepsy, in an empirical manner, without due attention to the kind of the disease. It is obvious that little attention can be paid to propositions and observations so vague and indefinite. These various remedies must be tried anew, after a strict diagnosis. We shall then arrive at an approximation to the truth in reference to the value of these remedies respectively. The views which I have given of eccentric epilepsy are amply confirmed by the facts, that there is no constant morbid change observable in this disease, and that many patients, after long years of its attacks, have finally recovered,—facts which ought to encourage us steadily to pursue the mode of treatment. A system of exercise, regulated sleep, the shower bath, tonic remedies, &c. &c., must be added to the other plans. After this plain and practical view of the subject, I wish to draw your attention to a few other points of intense interest in reference to epilepsy. Sometimes the attack consists in a momentary loss of consciousness, 'oblivium quoddam et delirium adeo breve, ut fere ad se redeat, priusquam ab adstantibus animadvertatur.'—*Heberdeni Comment.*, cap 33. Sometimes this oblivium precedes the attack of convulsion. What is the cause and nature of this momentary loss of consciousness? In one case, the patient frequently experienced a peculiar slight alteration in the voice, before the attacks, nay, many hours before the attacks. In another case the patient lost the power of singing certain high notes which he could easily accomplish before, after each attack. A spasmodic affection of the larynx has obviously much to do in this disease, as well as in the crowing inspiration or croup-like convulsion of infants; so much, indeed, that I doubt whether convulsion could occur without closure of this organ. Convulsion is frequently prevented for hours together by continuously watching the threatenings of it, and dashing cold water on the face. Now the action of cold water upon the trifacial nerve, affects by a reflex influence the opening of the larynx and an act of inspiration, and thus prevents the series of muscular actions which constitute convulsion, viz., closure of the larynx, forcible efforts of respiration, and general spasmodic contraction of the muscles. It is a singular idea, that tracheotomy would effectually prevent the epileptic seizure. Does such a spasmodic action take place in the muscles of the neck unnoticed, compress the veins which convey the blood from the brain, and induce the oblivium to which I have just alluded? There is a most important difference between epilepsy and hysteria. The former is among the most serious and intractable of diseases; the latter is comparatively of little consequence? What is the cause, the nature of this difference? Certainly, among other circumstances, that of the presence of closure of the larynx in epilepsy, and its absence in hysteria, is not the least important. It is this event in epilepsy, combined with the expiratory struggles, which fills the veins, and induces congestion of the nervous centres, with its terrific effects. It is the absence of these phenomena in hysteria, which is the cause of the little damage done to the nervous centres in this disease, even when most violent. Consciousness is obliterated in the former disease, but is only partially, if at all, impaired in the latter. What an important topic for investigation. I must add another remark. Compare the croup-like affection of infants,—a laryngeal affection, with pertussis,—a bronchial affection. The former readily passes into convulsion; the latter rarely, and then only from the same cause, viz., the violence of the expiratory efforts. Again I say, how much remains for fresh investigation. Compare the croup-like affection with asthma in adults; the former is a laryngeal, the latter a bronchial asthma; the former passes into convulsion, the latter never. These observations are made in order to excite attention to this subject. The space allotted to these lectures does not allow me to do more than give a mere sketch of the important inquiry in which I am engaged. Either as cause or effect of the epileptic seizure, the fæces are deficient in bile, and the urine is preternatural in quantity and appearance, being, in one case, profuse before, and turbid, with lithotic deposits, after the attacks. Before I quit the subject of epilepsy I must make one remark upon the similarity of its effects to those of strangulation. In both these cases there is suspended respiration, with convulsive efforts, congestion of the brain, insensibility, and, to complete the analogy, amongst the remote effects of strangulation, is convulsion itself, the tongue is protruded, the semen expelled. I must refer you, however, upon this subject, to an interesting case in the 'Observations on Surgery,' by the late Mr. Hey, of Leeds, ed. 4, p. 481. That the convulsions in strangulation are excited through the medium of the pneumo-gastric nerves, is rendered almost certain by comparing the effects of the privation of air in animals in which these nerves are left entire, and in others in which they are divided; the former with, the other without convulsions. That the pneumo-gastric nerve has much to do with these convulsions is indubitable. The difference between the effects of strangulation, and those observed in Sir A. Cooper's interesting experiments, and 'Guy's Hospital Reports,' vol. i., p. 473, is, that in the former the circulation in the brain (with sensation, as I believe,) is annihilated, the centre of the excito-motory system being comparatively unaffected; whilst, in the latter, the circulation in the medulla oblongata, the centre of that system, as well as that of the cerebrum, is arrested. The function of the key-stone of the excito-motory arcs being destroyed, the phenomena, viz., the convulsions of the thorax, or limbs, observed in the other case, are absent. The effects of pinching the pneumo-gastric in a living animal, may be adduced in confirmation of these views. The pneumo-gastric is obviously an excitor, as well as a motor and ganglionic nerve. You will remember what I said on the subject of secondary asphyxia. The remedy is frequent, full inspirations, entirely to remove residuary carbonic acid in the lungs,—repeated until the danger is over. It has been observed that convulsive diseases occur in infants, especially during the sleep. In this state there is a defective respiration, the proportion of carbonic acid in the lungs is greater than in waking hours. May this be an exciting cause of the convulsions? If so, the remedy would be to excite respiration by gently disturbing the sleep, after the lapse of a certain time. I scarcely dare touch upon the phenomena presented by the generative system during strangulation by suspension. It is well known that those organs are excited, and that there are erection and emission of semen, in the male subject, and a uterine flow in the female. It is said that a recourse to a temporary suspension has been had by the sensualist. It is said that in this manner an unintentional suicide has been committed.

II.—PUERPERAL CONVULSION.

Nearly allied to epilepsy is puerperal convulsion. I have no doubt that the mysterious phenomena of abortion and parturition, are phenomena of the true spinal or excito-motory system. The same remark may be made relative to the sickness and vomiting attendant on early pregnancy. To the same class of phenomena, also, belong the convulsions which occur in the pregnant and parturient states. The principal causes of puerperal convulsion, besides the peculiar condition of the uterus itself, are indigestible food, a loaded and morbid state of the bowels, a distended condition of the bladder, &c., and mental shock, or anxiety. This convulsion itself resembles epilepsy. It is preceded by a peculiar hissing inspiration. It is attended with great danger, the coma induced by it being deep, and the cerebrum obviously much affected. The following extracts from Dr. Denman's work on midwifery, are full of interest in reference to an exciting cause, and a mode of prevention of this species of convulsion:—'In a case published twenty-three years ago, when the os internum began to dilate, I gently assisted during every fit; but being soon convinced that this endeavor brought on continued, or increased the convulsions, I desisted, and left the work to Nature.' 'On every principle, of removing the cause of the convulsions, of substituting new modes of irritation, different from that which produced the convulsions, of preventing their ill effects, or of abating that exquisite irritability which renders patients subject to them, almost every measure and method has at one time or other been tried. Harvey recommended the irritation of the nose in a comatose patient, who was in labor, and gives an instance of its success. Many years ago, I was led, by accident, to try the effect of sprinkling or dashing cold water in the face; and in some cases the benefit was beyond expectation or belief; but in other cases in which I used this method with equal care and assiduity, no good whatever was derived from it. I subjoin the following case, to explain the manner of using cold water. In a patient in convulsions, who had been bled, and for whom many other means had been fruitlessly used, I determined to try the effect of cold water. I sat down by the bedside, with a large basin before me, and a bunch of feathers.—She had a writhing of the body, and other indications of pain, evidently occasioned by the action of the uterus, before the convulsions, and when those came on, I dashed, with some force, the cold water in her face repeatedly, and prevented the convulsion. The effect was astonishing to the by-standers, and, indeed, to myself. On the return of the indications of pain, I renewed the use of the cold water, and with equal success, and proceeded in this manner till the patient was delivered, which she was without any more convulsions, except one, when the water was neglected. The child was born living about fifteen hours from the time of my being called, and the patient recovered perfectly. I was much mortified to find, that I had not discovered a certain and safe method of treating convulsions; further experience convinced me that this often failed. It is, however, a safe remedy, and though it may not always have sufficient efficacy to prevent or check convulsions, whoever tries this manner of using cold water will soon be convinced that it is a most powerful stimulant.' The remedy is the most efficient blood-letting, and the removal of the causes. Dr. Denman observes:—'The late Dr. Bromfield informed me of a case of puerperal convulsions, for which he had bled the patient without much benefit. In the violence of some of her struggles the orifice opened, and a considerable quantity of blood was lost before the accident was discovered, but the convulsions from that time ceased.' Of another patient he observes:—'She fell into labor; she became blind, and had one convulsion. Having great sickness at her stomach, without vomiting, I urged her to irritate her throat with her finger, by which means she vomited five or six times, and had no fit afterwards; the blindness remained in some measure for several days after delivery. The child had been dead about a fortnight.' The bladder, the rectum, should be evacuated.

III.—ON TETANUS.

Tetanus has long been divided into idiopathic and the traumatic. I propose to divide it into the centric and the eccentric. Centric tetanus is that produced by disease within the spinal canal itself. Eccentric tetanus arises principally from a wounded, lacerated, or punctured nerve, and possibly from other sources of eccentric nervous and convulsive affection, as deranged stomach, deranged bowels, worms, &c. It is, therefore, both traumatic and idiopathic. There is a predisposition to tetanic affection in hot climates; sudden changes of temperature, and exposure to cold and damp are exciting causes. In hot climates infants are subject to tetanus within nine days of their birth, as some have supposed, from the condition of the umbilicus. The spasms first affect the muscles about the neck; then those which approximate the maxillæ, and there is trismus; then the muscles of the pharynx, and the deglutition becomes difficult. The limbs and the whole frame become stiffened by spasm, which is still further augmented by the slightest touch, jar, or excitement. There is constipation. No one can fail to see that these are affections of the true spinal system. The cerebral system is unaffected. Baron Larrey observes:—'The functions of the brain remain unimpaired to the last moment of life, so that the unfortunate victim of this malady perceives himself to be dying.' One fact is observable. The influence of the lesion of the nerve is not only carried by excitor nerves to the spinal axis, and reflected upon motor nerves, but it frequently pursues a retrograde course along the spinal marrow; a wound of the foot, not less than a wound of the hand, leads to trismus. A similar event occurs in experiments on the decapitated turtle. If one of the lateral nerves be laid bare, and pinched continuously, the muscles of the upper extremities as well as the lower, are forcibly contracted. This is, in my mind, the very type of tetanus. The same retrograde action is produced, if, in a decapitated frog, the spine be divided, and the lower end of the upper portion of the spinal marrow be pinched with the forceps. As in epilepsy, no constant morbid appearances have been found in the cranium or spinal canal. In an interesting case of tetanus, given by Dr. Reid, in the 'Transactions of the Association of Physicians in Ireland,' vol. i., p. 113, great vascularity and an effusion of blood, were found round the spinal marrow. In another case, detailed by Mr. Brayne, of Banbury, in the 'London Medical Repository,' vol. xiv., p. 1, two or three inches of the inferior dorsal portion of the spinal marrow were suffused by a continuous blush of inflammation, and three small, hard, white laminæ were seen between the arachnoid and pia mater. M. Ollivier, on the other hand, shows that such morbid appearances are by no means constant; Dr. Abercrombie and M. Gendrin come to a similar conclusion. The treatment of tetanus is generally unavailing. Considering the cause of this malady, and its mode of operation, we should be naturally led to propose the division of the injured nerve, or amputation. There is a successful case of the former operation in the 'Medical Gazette,' vol. xi., for 1832-3, p. 623. In reference to the latter, Baron Larrey observes, in his 'Account of the Campaign in Russia,'—'With the exception of one only, all those affected with cruel malady died. That one, being wounded in the foot, owed his preservation to the amputation of his leg, performed immediately on the invasion of the first tetanic symptoms. The amputation of the arm or leg was generally successful.' These plans have not succeeded in the hands of other surgeons, perhaps from being adopted too late. I wish I had space for M. Dupuytren's admirable observations in his 'Leçons Orales, t. ii. p. 599—612; they are full of interest. He advises that half-divided nerves should be completely divided. He is opposed to amputation as inefficacious when tetanus has actually commenced. He adds, —'The symptoms and the autopsy unite in demonstrating that tetanus is an idiopathic nervous affection, and without organic lesion.' Blood-letting, opium, the hydrocyanic acid, tobacco, mercury, antimony, local depletion, purgative medicines, have been tried, with but occasional success. The cold bath has proved immediately fatal. The principles of treatment would appear to be—1, to divide the injured nerve; 2, to subdue the spasmodic affections, by such remedies as the hydrocyanic acid; 3, to prevent organic changes in the nervous system, by depletion, general and local; 4, to remove all sources of irritation, as scybalæ in the bowels, &c.; and, 5, to avoid all sources of augmented spasm, such as shocks, noises, &c.

A COURSE OF LECTURES

ON SURGERY,

With Surgical and Pathological Anatomy.

BY

VALENTINE MOTT, M. D., PROFESSOR OF SURGERY, ETC.

DELIVERED AT THE STUYVESANT INSTITUTE, NEW YORK.

SESSION 1841-2.

'RANULA.'

'This,' said the learned Professor, 'is applied not to a fanciful, but positively a good resemblance which the disease in question has to that condition of the floor of the mouth in the animal called the frog, when it makes a noise. Every one probably has seen that, and from the resemblance which this disease has to that, it is called 'ranula.' Ranula is a very trifling thing sometimes, and at other times a very frightful thing—a very frightful thing. It implies that the duct which I showed you yesterday as terminating by the side of the frænum, shall be obstructed. You remember that it runs forward in that way, and is covered only by the membrane of the mouth. Many times the tumor arising from this obstruction is not larger than a large nutmeg. But it may be of the size of an egg. I have seen it the size of a hen's-egg. Frequently the tumor is quite translucent. You open the mouth and you will see the translucency of it as clear, nay, more clearly than you will see a hydrocele in some circumstances, because the membrane of the mouth is so thin and delicate, that it is perfectly translucent. Sometimes it is acute, and sometimes it is chronic. When it is chronic there is not much suffering, only it makes the tongue a little clumsy if it be of considerable size. When we see a thing of this kind, we easily know what the nature of it is. We naturally call to mind the anatomical structure involving this affection, and if a person is inconvenienced a great deal, we take a lancet and puncture it. The fluid in it is like the white of an egg, translucent as saliva; this constitutes the contents of a chronic case of ranula. If the opening heals up, as it generally will in the course of a few days, the enlargement will return. It does so again and again. By puncturing it you may relieve for the time being—but t'aint enough—the query is how are you to cure it? By establishing a new opening; because the duct is obstructed between the tumor and its natural termination. You try, therefore, to remove the obstruction if you can, but that generally is difficult. You are therefore naturally asked the question—Well, doctor, can I be cured of this? You are to make a new opening, and if you keep the lancet-opening open you perfectly cure; but to do it you must adopt some other plan than that of merely opening it. In order to do so you touch the opening you have made with a few drops of nitric acid, or a piece of lunar caustic. But it will not ordinarily be cured in this way. What then? The plan I have adopted is to put in a seton. Take a common crooked needle, armed with a silken ligature, and tie it in such a way as not to interfere with the teeth, and leave it in for a few weeks, when you can take away the threads and allow the opening to remain. Generally, in chronic cases, that will relieve. I have tried the plan of injecting with a solution of the sulphate of zinc, but that will not always do. The seton is decidedly the best practice in chronic cases of this sort.

Sometimes this is an acute affection, and is so severe that it actually involves the life of the patient apparently. Sometimes the swelling becomes very great, and extensive suppuration is the result. I have opened these large tumors of this sort, and let out a large quantity of matter. The acute forms are generally connected with calculous obstructions in the duct. I have somewhere in my museum a calculus, which I removed, of this sort, and the calculus is generally of the size and shape of a middle-sized peanut, and contracted too in the middle like it. When they suppurate, they discharge a very large quantity of matter, and sometimes of a material very much like mortar, as much so as any thing can resemble another. I have scooped out spoonfuls of such stuff, extravagant as some may think the description—aye, and of material as much like mortar as possible. So much for ranula in the chronic and acute stage.’

The remainder of the lecture was occupied with an historical account and elaborate description of the humbug operation for the cure of stammering, with which we would be sorry to occupy any portion of our valuable space.

REVIEW DEPARTMENT.

Aretæus on the Causes and Signs of Acute and Chronic Disease. Translated from the Greek by T. F. Reynolds, M. B., F. L. S., Fellow of the Cambridge Philosophical Society, Inceptor Candidate of the College of Physicians, and Fellow of the College of Surgeons of London. Philadelphia: Barrington & Haswell. 1841. 8 vo. pp. 84.

An acquaintance with the works of Aretæus is required of the candidates for medical degrees in some of the collegiate institutions of Great Britain, more in order to test their knowledge of the Greek language, than from any exalted opinion of the author's writings. Yet, far be it from us to say that the productions of this ancient are devoid of interest and merit; the correct detail of symptoms, the nervous style, the graphic delineation of disease, displayed in this author's works, the poetic and quaint fancies scattered throughout, give a certain value and interest, that may fairly excuse an attempt to reinvest part of them in a vernacular garb.

We are informed by the accomplished translator that the period at which Aretæus lived is not known with any certainty; Wigan, who appears to have carefully investigated the subject, places it between the commencement of the reign of Nero, and before the time of Trajan; Le Clerc thinks him probably to have been cotemporaneous with Vespasian; Homer and Hipporates are the only authors quoted by him. He is quoted by Ætius, and Paulus Ægineta, writers of the fourth and fifth centuries, and in a work questionably assigned to Dioscorides. Galen makes no mention of him in any work extant. Where he wrote or practised, is equally unknown. His works were first printed in Latin, by Junius Paulus Crassus, at Venice, 1552. The first edition of the Greek text was by I. Goupylus, Paris, 1554. Aretæus appears to have belonged to the sect of the Pneumatics, founded by Athenæus, who established, as four elementary principles and influences, heat, cold, moisture, and dryness, to which was added a fifth under the term of spirit, from an idea derived from the stoics of such an influence possessing and pervading the whole body:—

> Spiritus intus alit, totamque infusa per artus
> Mens agitat molem, et magno se corpore miscet.
> (Æn. VI. 267.)

These elements, their conflicts and disorders, are variously assigned by Aretæus as causes of disease. The heart he thought to be the spring of vitality and strength, a viscus possessing the power of drawing in the cool air, while to the lungs, which he considered the centre and source of animal warmth, was assigned the office of heating it. Their parenchyma, he deemed as possessed of slight sensibility, and remarks on the great mischief that may exist in their disorders, while the patients are little aware of it. To the liver he assigned, as well as the secretion of bile, the office of making blood, describing the greater part of it as being a mere concretion of this fluid. The spleen was the cleanser as it were of the dark impurities of the blood. The stomach was the source of hunger, of the general feeling of pleasure and uneasiness, of joy and sadness. The duodenum and colon were subservient to concoction of the alimentary principle, which was sent thence to the liver, to be digested through the body The kidneys and bladder secreted and eliminated the urine. On the uterus his notions were most fanciful, regarding it as an animal within an animal, erratic in its habits, to be coaxed by the influence of sweet, or scared by that of unsavory odors. The brain and spinal cord and their nervous prolongations, he considered as essentially controlling muscular action and sensation. His attempt to account for the cause of the varieties of paralysis, shows no mean effort to grasp what it has been reserved for the physiologist of the nineteenth century more fully to explain.

We certainly have no hesitation in recommending this curious volume to the notice of our readers. Its price is a mere trifle.

Cases from the Early Note-Books of the late Sir Astley Cooper, Bart. Extracted with permission of Bransby B. Cooper, Esq., F. R. S.

Several remarkably interesting papers, under this caption, have recently appeared in the columns of the *Provincial Medical and Surgical Journal.* We present the following as specimens, and will occasionally make additional extracts:—

STRICTURES OF THE INTESTINES.

Ann B—— had for some months a scirrhous tumor in the right breast, which ulcerated, and formed a large scab, and then ceased to discharge. In four months before her death she was affected with much pain in the abdomen, attended with swelling and flatulence. For three mouths she was generally costive, though with intervals of the contrary state of the bowels, and very lately she has been a good deal purged. She had a tumor larger than a walnut, under the skin of the abdomen, and complained much of pain in her limbs. She was frequently sick, and brought up what she had taken. The sickness, irregular state of bowels, and loss of appetite, reduced her to extreme debility, and she died on the 20th of November, 1795. *Examination.*—The tumor in the abdomen was placed in the rectus muscle, and seemed to be that part in a scirrhous state. When the abdomen was opened, the intestines were all found glued together from inflammation of recent date. They were also of a purple gangrenous color, as much so as a strangulated portion of intestine in hernia. In their coats were placed a number of small scirrhi, which had produced, wherever they were found, a greater or less degree of stricture. Some of these obstructions would admit the passage only of a very small bougie. At the lower part of the ileum was one of the most complete strictures, and in the intestine above it there were several cherry-stones and many gall-stones. The large intestines, and all the small, were diseased as above in color, and had strictures at less or greater distances. The stomach and liver were sound. The omentum was contracted, and had formed several tumors.

IMPOTENCE.

A gentleman, 20 years of age, consulted me on account of his having lost the power of erection. The preceding circumstances were, that in November, 1794, he had a clap; that, one month after, when apparantly cured of this, he caught the disease a second time; this lasted for two months, and brought on phymosis, and he complained of pains in his bones. For the phymosis a poultice was applied, and for the pains in his bones mercury was given. The latter disease was removed, but the former in a great degree remained. From November, 1794, to December, 1795, he made no attempt at connection; when he did attempt it, he found that, if he were not immediately indulged, he lost the power of erection. In January, 1796, when in the act of coition, the erection would often leave him. About this time he observed that his semen was not discharged in the usual quantity, or in the common manner; that instead of its flowing in jerks immediately as the act of coition was to be completed, that a sudden stop took place, which was productive of pain at the neck of the bladder; and that for several minutes afterwards the semen came away in drops. At length the symptoms became so much increased, that he was unable to have any erection, except sometimes during the night, when it was very imperfect, but produced an attempt to discharge the semen, always followed, however, by a sudden stop and considerable pain. For six weeks before I was consulted, he had no power of connection. He came to me on the 14th of March. As he at first made no mention to me of the sudden stop in discharging his semen, and as he was not sensible of any difficulty in passing his water, I took it up as a case of simple loss of powers, and ordered him cantharides. After taking this medicine for two days, he complained of discharge from the urethra, of which he now informed me he had had some appearance for some time. I therefore introduced a bougie, and upon its reaching the prostrate gland I found it stopped there, and I was unable to get it by on account of the obstruction. I therefore put a small piece of lapis infernalis into the end of the bougie, and then passed it to the part at which it stopped. By doing this on three following days I was able to pass a small bougie. After passing it, I found it brought back with it a considerable quantity of semen. During this and some following nights I found that he had erections, which continued for some time. Having passed small bougies, and the parts being softened by the caustic, I resolved to pass a catheter, in which, after some difficulty, I succeeded. The erections now became of greater strength and longer duration; and as soon as the pain which these operations had occasioned was removed, he found that his semen passed from him naturally, and that all his powers were restored. In this case there was a stricture at the united orifices of the vasa deferentia and vesiculæ seminales, so that the semen was prevented flowing, and the connection between the penis and testes was, as it were, broken.

INJURY TO HEAD.

A boy of about fourteen years of age came into the hospital last night, with a fractured skull, from the kick of a horse. Pulse irregular; comatose in a degree, but impatient if disturbed. Bled. This morning pulse quick; not so irregular as last night; great beating of the carotids; no stool; no urine; more comatose, but sleeps easy at present.

CONCUSSION OF BRAIN.

Killed a rabbit, by giving it a blow upon the head so as to produce violent concussion. It struggled violently in dying.

PRESSURE ON THE BRAIN.

Having struck another in the same way, whilst it struggled I pressed upon the head, so as to drive in its bones; the struggling immediately ceased. In the one case, irregular action was going on in the brain; in the other case, all action of that part was immediately stopped.

Boy with fractured skull is more sensible; his pulse is quicker than natural.

SCALD.

A man, aged 60, was brought into the hospital last night, who had fallen into a copper of boiling wort. The whole surface of his body was scalded, and denuded of cuticle. His pulse quick and excessively small. Pain in his bowels; anxiety; restlessness. Ordered opium. Died at nine o'clock this morning.

WARM BATH IN SCROFULA.

Several patients in the hospital have been benefitted by the warm bath in scrofulous complaints.

ENLARGED GLANDS, SCROFULOUS.

Mr. ——, patient of Mr. ——, had a scrofulous enlargement of a gland in the groin; I ordered a blister, hot bath, and natron.

SALIVATION.

Saw a patient of Mr. ——'s, who, from salivation, had his tongue hanging three inches from his mouth, and had done so for ten days. I punctured it in many places.

FRACTURED SKULL.

Samuel Musden fractured his os frontis, and was admitted into Guy's Hospital, where I removed a part of his brain. He never lost his senses; the wound healed well, and I saw him seven years afterwards in perfect health.

AMPUTATION.

I amputated the leg of a woman who had a compound fracture. It is necessary, in cases of amputation after *accidents*, to save a very large quantity of skin, rather than muscle, for the muscles are usually so large and full as to make it difficult for the skin to meet over them.

Even these few random extracts, afford ample evidence of that accurate and unwearying observation, which gave such sterling value to every discourse, and contributed so largely to the success of the great English surgeon, whilst they convey to every practitioner a lesson which cannot be too often urged upon their recollection.

Outlines of Pathological Semeiology. Translated from the German of Professor SCHILL. With copious Notes. By D. SPILLAN, M. D, A. M., Fellow of the King and Queen's College of Physicians in Ireland, etc. etc. Philadelphia: Barrington & Haswell. 1841. 8vo. pp. 212.

An elegant and accurate translation of a very ingenious and instructive work. We do not know any other source from which we can so easily and profitably obtain all that is really useful in the semeiology of the ancients, and the erudite translator and editor, has so very creditably supplied the deficiencies of the author's *abrige* of the labors of modern workers, in this most important department of modern science, that we can in good conscience commend the book as one of unequivocal merit.

Introductory Lecture delivered in the Castleton Medical College, March 8, 1842. By JAMES MCCLINTOCK, M. D., Professor of Anatomy. Published by the Class. pp. 24.

This very respectably written discourse contains matter enough, if properly spun out, to make half-a-dozen very decent 'Introductories.' It contains the usual panegyric of the institution at which it was delivered—the accustomed asseveration of the supreme importance of the science of medicine—and the old prophetic announcement that the young Galens, in whose presence it was uttered, are all destined to become the most illustrious ornaments of the profession.

Dr. McClintock waxes quite eloquent, when contrasting the superior advantages offered at the country schools, with those to be obtained in Philadelphia, which he correctly designates, 'the emporium of medical science in this country.' Fêes are less—board is cheaper—the air is purer—the water clearer—and the men and women infinitely better in the pleasant village of Castleton, than in the city of brotherly love. But hear the Doctor:—

> 'To one who has not been accustomed to a city life, the change from the pure air of the country is, almost of necessity, injurious; and besides that, all the habits of sociaty, foreign as they are to his accustomed mode of living, when combined with close attention to study and neglect of active exercise, tend to impair the general health. I can say from my own knowledge, that many young men from the country find their health so much affected by these causes, that they are obliged to abandon their studies and return home before the completion of their course; while others, more persevering, but perhaps more unfortunate, carry away a diploma, indeed, but with it also an enfeebled stomach, shattered nerves, or a disorganized liver, which either incapacitate them for the duties of the profession entirely, or make the rest of life a miserable burden. (Shocking!) No such causes of disease operate here. (Happy village!) In the quiet society of our village, you find no unnatural excitement. (A perfect Paradise!) In our simple, frugal mode of living you will not be tempted to excess and led on to disease. In your daily walks, instead of inhaling an atmosphere burdened with the countless noxious vapors that steam up from the streets and alleys, the wharves and gin-shops, the factories and slaughter-houses of the crowded city, every breeze that fans your cheek will bring health and vigor on its wings. Even while you are devoting yourselves untiringly to the pursuit of knowledge, if you will combine daily exercise in the open air, to which everything invites you, with habits of great regularity, from which you will have no temptations to deviate, you may enjoy as strong health here as amid the leisure or the toils of home; and then you may apply yourselves to study with all your energy, succeeding, as men only can succeed, who enjoy the *mens sana in corpore sano.*
>
> 'But the strongest argument against a few years' residence in the city for the purpose of education is to be found in the dangers to which the *moral* health of the student must be exposed. I say a few years' residence,—for as they who are brought up in the city are less likely to suffer in their physical health from its causes of disease, so also are they less likely to be infected by the evil moral atmosphere to whose miasmata they have been accustomed from their childhood. (Indeed!) Without any sentimentalism, gentlemen, but in all honesty of heart, and with a full consciousness that what my own eyes have seen will confirm all my assertions, do I declare to you, that no young man goes from a quiet country or village home, where he has been reared in the midst of virtues and religious associations, to study a profession in the city, without running the fearful risk of moral debasement. * * * * Our great cities, though the homes of art and refinement, and even the scenes of stronger religious zeal and effort, than are to be found elsewhere, are yet the centres of vice, the abodes of all forms of depravity, and the theatres whereon organized and disciplined vice contends constantly with virtue and goodness. Tacitus long ago called Rome 'the city wherein all vile and shameful things flow together from all sides and flourish;' and there would be little injustice in applying his remarks to every great city of the present day. Compare now, in this moral aspect, the situation of the inexperienced student in such a city and in a quiet country town like this. There, many forms of vice prevail, which are here entirely unknown. There he will find, not merely associates in every kind of wickedness, but tempters ready, at every corner of the streets, to allure him to destruction; here, the stamp of public reprobation is set upon all such characters; and low practices, if indulged at all, must be indulged in secret.' * * * * 'Here, vice, if loved at all, must me loved for her own sake, in spite of her naked deformity. There, the wretched devotee of sin may mingle in society unmarked, nay, even courted; and in the midst of thousand like himself, find the power of public opinion an ally, instead of an antagonist; here that power repels him from all association with mankind, and drives him back, like a leper, to his own den of solitary infamy.'

Oh! that we had the wings of a dove, to fly away to happy, happy Castleton—there to be at rest—there

'wearied nature to repair,'

by drawing

'physic from the fields in draughts of vital air!'—

there to chat with the smiling village girls, who are all unconscious of the coquetterie of their fair but wicked sisters in the city,—there 'enjoying' *mens sana in corpore sano*, to listen to the words of wisdom at the College,—and there, in that heavenly atmosphere, to forget forever the agitating passion, the corroding care, the alluring device, the fretful temper, the importunate temptation, and all the ten thousand agencies of evil, by which conscience is defiled, peace troubled, and the sunshine of hope itself overcast with thick gloom!

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, May 7, 1842.

Homœopathy.

Not long since we had an opportunity of inspecting a precious incarnation of Homœopathic humbug, and intended at the time to say a word or two on the matter, but have hitherto been diverted from so doing, partly by being occupied with subjects of some importance, and chiefly because we did not feel altogether justifiable in trespassing on the patience of our readers, by any reference to the naked imposture of which the individual referred to is so fitting a representative. Our attention, however, has been recalled to this subject by a perusal of Dr. Holmes' caustic exposé of 'Homœopathy, and its Kindred Delusions,'* and so we are tempted to effect our original purpose. Dr. Holmes has exposed, in the most satisfactory manner, those shameless falsehoods respecting the progress and prosperity of Homœopathy on the Continent of Europe, by which its professors here are in the habit of amusing the gudgeons, and which have doubtless deceived some of our brethren, who are so simple as to take for granted the assertions of such gentry. Thus, in order to correct the error, into which such reputable and credible publications as the 'Homœopathic Examiner,' so earnestly labor to lead the public, that the great mass of the medical profession in Germany, have fallen into the delusions of Hahnemann, Dr. Holmes quotes two lines which the justly celebrated Breschet addressed to the French Academy of Medicine five or six years ago—'I happened to be in Germany some months since, at a meeting of nearly six hundred physicians; one of them wished to bring up the question of Homœopathy; they would not even listen to him!' The 'Homœopathic Examiner,' Dr. H. informs us, has actually had the impudence to place the name of Breschet on its list of 'Distinguished Homœopathists'—a charge which that great man has of course indignantly repelled. But thus is it ever with imposture—truth, and every principle of rectitude and honor are sacrificed on its obscene altar! The reception with which the publication of these impostures have met in Paris, is sufficiently illustrated by the following list, showing the number of subscribers to each of their journals during several successive years:—

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* 'Homœopathy, and its Kindred Delusions; Two Lectures delivered before the Boston Society for the Diffusion of Useful Knowledge. By Oliver Wendell Holmes, M. D. Boston: W. D. Ticknor. 1842.' 12mo. pp. 72.

	Year.	*Subscribers.*
1. *Bibliothèque Homœopathique,*	1833	129
	1835	80
	1837	72
	1839	55
	1841	31
2. *Archives de la Médicine Homœopathique,*	1834	186
	1836	175
	1838	148
Changed its name to *Journal de la Dóctrine Hahnemanienne*, in	1840	114
Ceased to be published.		
3. *Revue Critique et Retrospective de la Matière Medicale,*	1840	65
	1841	51

4. A Review published by some other house, which lasted one year and had about 50 subscribers, appeared in 1834–5.

Such are the evidences of the prosperity of Homœopathy in Paris—'yet there lives, and there has lived for years, the illustrious Samuel Hahnemann, who himself assured' the correspondent of Dr. Holmes, 'that no other place offered such advantages for its investigation, by reason of the attention which it there received!'

But we had again almost forgotten John Augustus McVickar—for such is the singularly euphonious cognomen of the 'distinguished Homœopathist,' in this city, who has so diligently earned that just censure which Dr. Holmes has thus eloquently pronounced:—

'What can we think of those who announce themselves ready to relinquish all the acumulated treasures of our art, to trifle with life upon the strength of these fantastic theories? What shall we think of professed practitioners of medicine, if, in the words of Jahr, 'from ignorance, for their personal convenience, or through charlatanism, they treat their patients one day Homœopathically and the next Allopathically;' if they parade their pretended new science before the unguarded portion of the community; if they suffer their names to be coupled with it wherever it may gain a credulous patient; and deny all responsibily for its character, refuse all arguments for its doctrines, allege no palliation for the ignorance and deception interwoven with every thread of its flimsy tissue, when they are questioned by those competent to judge and entitled to an answer!'

We were requested some weeks since, by a legal friend, to attend the examination of a medical gentleman, who was represented to be an important witness in an action against a rail-road company for damages, alleged to have been sustained by an accident on the road. We accordingly accompanied our friend, and had the felicity of hearing from the 'distinguished defender of Homœopathy,—and, we suppose, all the other *athys* which present equal inducements to enter on their service,—a description of his treatment of the individual who brought the action, and whose injuries we may add, had evidently been of the most trifling description. The witness stated that the ankle, hand, and head of the patient had suffered severe contusion, and on the conjuctiva of one eye there was a patch of extravasated blood. 'What did you do for the ankle?' 'Nothing special.' 'What did you do for the hand?' 'Nothing special.' 'What did you do for the head?' 'Nothing special.' 'What did you do for the eye?' 'Nothing special.' 'Was your patient under treatment at all?' 'Oh! yes—very active treatment.' 'What was it?' 'The tincture of arnica in infinitessimal doses!' 'Why did you administer that drug?' 'Oh! for its specific effect in bruises and mechanical injuries!' said the doctor, looking very learned, and in a tone of most amusing pomposity. 'And you considered your patient in a dangerous state?' 'Oh! yes—I warned him of his danger, and advised him to take the greatest care of himself for at least six months.'

A fair sample of the practice of such gentry. Here was a poor dupe gulled into the belief that he had suffered the most serious bodily hurt, and needed and was receiving the most active medical treatment, when in reality he required none and was not subjected to any, whilst he was at the same time led into an expensive lawsuit. Yet these are the men who are continually defaming regular practitioners, and like the old clothesman in Gil Blas, are ever glorifying God that they conduct their transactions in a fair, honest, upright manner, and that they are the only tailor-like people who have any morality about them!

Progress of Dental Science.

It affords us great satisfaction to find that the science of Dentistry is making such rapid progress in this country. Many valuable improvements have of late years been introduced; amongst them that of inserting teeth on the principle of 'atmospheric pressure,' is eminently worthy of attention. We believe that to our talented townsman Mr. Levett, the credit belongs of introducing this improvement, which has deservedly received the unequivocal approbation of many of our professional brethren.

The Baltimore college has the most encouraging prospects of success in the great work of elevating the character of the profession to whose advancement it is devoted.

Normal Dimensions of the Heart in the Adult.

In one of his very excellent lectures on 'Diseases of the Heart,' Dr. SWETT alluded with great propriety, to the very indefinite ideas which are generally entertained, respecting the absolute and relative dimensions of that organ. Even in the works of our best writers we have often reason to find fault with the loose and inaccurate manner, in which the proportions of the heart in its natural and healthy condition, are described. The only authors who have made minute measurements of the heart, are BOUILLAUD and BIZOT, but the deductions of the former having been derived from an extremely limited number of subjects, cannot be very confidently relied on, whilst in several particulars, the latter would seem to be in error. In a recent number of the *London Medical Gazette* we notice an article by Dr. RANKING, in which he gives the elaborate results of a very extended investigation of this important subject, which he conducted with the able assistance of Dr. GUY, of King's College, a few years ago. After a very attentive examination of this paper, and a close comparison of its details with those given by other authorities, we are led to regard it as highly worthy of confidence, and therefore present our readers with a condensed analysis of it.

Upwards of one hundred hearts were examined by Dr. RANKING, and from them were selected fifteen from male, and seventeen from female subjects, the measurement of which he has given with great minuteness. All the hearts were those of adults, the ages of which were as follows:—

	Mean.	*Maximum.*	*Minimum.*
Males	39½	65	26 years.
Females	34¾	62	18 "

The following table exhibits the results obtained by Dr. R.'s measurements, at one view and in convenient form for reference:—

		MAX.	MIN.	MEAN.
Circumference at the base	Male	11 18–48	8 16–48	9 27–48
	Female	10 24–48	7 21–48	8 13–48
Length	Male	4 36–48	3 40–48	4 16–48
	Female	4 31–48	3 12–48	3 24–48
Thickness of right ventricle	Male	11–48	6–48	8–48
	Female	9–48	5–48	6–48
Thickness of the left ventricle	Male	33–48	21–48	27–48
	Female	30–48	15–48	23–48
Thickness of septum	Male	31–48	17–48	22–48
	Female	27–48	13–48	19–48
Circumference of aorta	Male	3 22–48	2 14–48	2 31–48
	Female	2 44–48	2 6–48	2 22–48
Circumference of pulmonary artery	Male	3 12–48	2 33–48	2 35–48
	Female	3 12–48	2 12–48	2 24–48
Circumference of the right auricular ventricular orifice	Male	5 36–48	4 8–48	4 34–48
	Female	5 18–48	3 13–48	4 8–48
Circumference of the left auricular ventricular orifice	Male	4 24–48	3 13–48	3 45–48
	Female	4 18–48	2 30–48	3 22–48

We were much gratified by finding the following deserved eulogium on Dr. STEWART's admirable 'Treatise,' in the last number of Johnson's *Medico-Chirurgical Review*:—'*This is the most complete and erudite treatise on the subject in the language.*' So much for the 'boy critics' of the *British and Foreign Review!*

Attention is requested to the advertisement of Dr. RODGERS, to be found this day in our columns. The professional character of this gentleman is altogether unexceptionable, and the objects of his new undertaking are stated so explicitly in the announcement as to render further reference unnecessary in this place.

THE MEDICO-CHIRURGICAL REPORTER.

Cliniques at the College of Physicians and Surgeons.

DR. PARKER'S

as usual, attended by a crowd of patients and students. Amongst other important cases, was one of scirrhous tumor, which was extirpated by Prof. PARKER.

DR. SWETT'S.

Excellent, as usual. Why has not this able, practical, and scientific teacher a chair in this College?

DR. BULKLEY

Fully occupied his hour with the exhibition of cases, all of them instructive, and some of them of particular interest.

Among them, were three cases of *Porrigo favosa*, the contagious form of disease affecting the scalp, of which several had been previously shown. In two of these, the characteristic scabs, with their peculiar and very well-marked odor, had been removed by poultices, and nothing was to be seen but the patches of baldness produced by the disease. These were both under the use of kreosote ointment, twenty drops to ℥j. of lard. In the other case, which was in a girl twelve or thirteen years of age, and which had existed five years, and was now seen for the first time, the intermingling of the peculiar scabs formed by the disease, with patches of baldness of considerable size, gave a good idea of the characteristic features of this obstinate form of eruption. In connection with these, was also shown a case of *Eczema capitis*, in a nursing infant, and the diagnostic marks between the two affections pointed out.

Two cases of *Herpes Circinatus* were then shown, in a mother and daughter, the former having a single patch on the lower and front part of the neck, and the latter presenting numerous spots on different parts of the body. Mild laxatives, with attention to diet, and the warm bath, were directed for its removal.

A severe case of *Lichen agrius*, in a man about fifty years of age, was also exhibited, covering nearly the whole of the fore arm from the elbow to the wrist, and of three years' duration, and the diagnostic marks pointed out between this affection and chronic eczema, with which it is very apt to be confounded, for which this case itself had been mistaken; although the error is of no great practical importance. Marks of gastro-hepatic derangement were very evident in this case, to which general remedies were directed, with topical applications of a soothing nature until the local inflammation had abated.

A comparatively rare variety of this same genus was also seen in a case of *Lichen urticatus*, in a female about forty years of age, who had the eruption on the hands, presenting papula larger than those of simple lichen, and smaller than those of tertianaria, and hence called by a name denoting that it has some points of resemblance to both of these diseases. It is attended with a great degree of itching, and, like tertianaria, is frequently connected with gastric derangement, as was evidently true in the present case—hence the indication of general treatment, while alkaline washes are used to allay the local imitation. This patient was subject to attacks of tertianaria.

Belonging to the same class of popular diseases, though differing from those of the genus just mentioned, was a case of *Prurigo*, in a man from the country, who had been laboring under it for three years. In his case, were evident proofs of gastric derangement of long standing, for the removal of which he had already been using the appropriate means. Pills containing rhubarb, sulphuret of potash, and ipecac, were ordered, with particular attention to diet, and a lotion of pearlash and water.

The last case shown was one of very rare occurrence, and interesting in many points of view, being an enlargement of the right hand and fore arm of a female, twenty-two years of age, to about double its natural size, and presenting in appearance a very strong resemblance to Elephantiasis Arabum, and which it indeed has been considered by several physicians who have seen the case. Dr. B. gave his reasons for not considering it a genuine case of that disease, as it differed from it in its mode of attack, the parts first affected, and its progress, as well as in some points of its present appearance, although it now bore such a general resemblance to that disease as perhaps to deserve the name of *accidental* elephantiasis. Dr. B. pointed out the diagnostic marks between the two affections, and alluded to several cases which may give rise to this thickening of the cellular and adipose tissue, so closely resembling, in its advanced stages, the true 'Barbadoes leg, such as inflammation of these tissues from sudden alternations of temperature, varicose ulcers, inflammation of the veins, diseases of the skin itself, as eczema, of which a striking illustration was exhibited on a previous occasion, in a case before alluded to, &c. &c.; while the true elephantiasis commences in the lymphatic system. In the present instance, the disease commenced in the hand five years since, in consequence of plunging it into hot water when very cold, and has been gradually progressing since that time, though sometimes arrested once or twice, and apparently cured by the various means used by the different physicians under whose care she has been. The menses have been irregular during the whole time, and have entirely ceased the last three or four months. An improvement in the menstrual function was always accompanied by amendment in the state of the arm. Several longitudinal elevations twice the size of a quill have followed scarifications practised some time since. The general health appears very good. Emenagogues and a seton in the arm itself, were the means used by the physician under whose charge she last was. The temperature of the affected arm is evidently higher than that of the sound one, and there is considerable tenderness when much pressure is made on it. The disease has reached the elbow, and is beginning to show itself above that part. Dr. B. considered it a case of inflammation of the cellular and adipose tissue, and recommended free leeching of the part, followed by poultices, and emollient and narcotic applications, until the inflammatory symptoms have subsided—after which, the use of means to produce resolution, as streams of vapor, friction with some forms of iodine in ointment, and compression, gradually increased, by means of bandages and straps, or both. At the same time, means might be advantageously used to restore the catamenial discharge. The prognosis in such a case cannot, of course, be favorable.

Surgical Clinique of the Stuyvesant Institute Medice School.

DR. PATTISON'S

Clinique was poorly attended. The Doctor extirpated a 'wen,' and apologized for the poor attendance of patients, which he ascribed to the circumstance of its being 'moving day.'

Case of Cæsarian Section.

BY JAMES WHITEHEAD, ESQ., MANCHESTER.

[Although the following case of Cæsarian section was not successful in its results, yet we cannot help placing it before the reader, not only on account of the clearness with which the steps of this important operation are described, but also for the judicious mode of treatment adopted, if we except indeed the too continued use of opium throughout the case, in which we should in some measure disagree with the writer.

The subject of the operation was Mary Ann Jones, 39 years of age. Her first four labors were natural and easy, there being sufficient room in the pelvis to admit of the easy descent of the child; but during the whole of her fourth pregnancy she became affected with rheumatic pains in her limbs, back, and pelvis; the labor was nevertheless easy. During her next or fifth pregnancy, she suffered severely from these pains, and her stature became considerably diminished.

When labor came on at the full period, Mr. Clough found the antero-posterior diameter was under two inches, and in a consultation of medical men, recommended the Cæsarian operation; but in this opinion most of the others did not coincide. Embryotomy was had recourse to, and the woman was delivered with considerable difficulty, but recovered safely.

After this, she was pregnant several times, and premature labor was easily induced at the end of the fourth month each time. During her last and tenth pregnancy the attempts to bring on abortion were unsuccessful, although repeatedly and fully tried. She was therefore allowed to go to the full period of pregnancy.

Mr. Whitehead then relates the case as follows.]

I was summoned to attend her on the evening of the 14th of August, 1840, gestation being then at its full period. The pains were slight and lingering, and by the aid of an anodyne draught she passed the night comfortably. On the following morning the pains were still infrequent and trifling, but of a character indicating that labor was near. Four of my professional friends were consequently requested to meet me in consultation, at 12 o'clock. Two of them only could attend at that hour, and as the pains were scarcely more urgent than when she was visited in the morning, we agreed to meet at 7 o'clock in the evening. The patient had been in active labor two or three hours when we arrived. The pains were strong and frequent, and evidently occasioned great suffering. There had been no discharge except of mucus, so that the membranes in all probability remained entire. The frequent examinations which I had previously made of the pelvis had enabled me to ascertain with tolerable certainty to what extent the deformity had proceeded, and I now stated my opinion to be, that the greatest available space at the upper aperture of the pelvis, in its antero-posterior diameter, was not more than one inch and a quarter: in this opinion several who had also seen the patient with me before fully coincided. It was with great difficulty, however, that an efficient examination could be made, as the contraction in the cavity of the pelvis, and at its outlet precluded the introduction of the hand to a sufficient extent. The tuberosities of the ischia were found to approach anteriorly to within a very short distance of each other, and the outlet was much encroached upon by the apex of the sacrum, which had advanced considerably towards the arch of the pubis. After each had again made a careful examination, we retired into another room for consultation. The conclusion was, that the dimensions of the pelvis were too small, not only for instrumental interference by the natural passages, but also for the fragments of the fœtal cranium to pass, had perforation and separation of the bones been practicable. The Cæsarian section was therefore decided upon, and recommended to be performed without delay. I now returned to the room where the patient was lying, and informed her that it would be impossible to effect delivery in the usual way, and that the only means that could afford her or her child a chance of being saved was the Cæsarian section, the nature of which I briefly explained to her. She consented without a moment's hesitation to submit to any operation that should be deemed necessary, and hoped it might be done as soon as possible.

Catheterism, and other necessary preliminaries, having been attended to, the patient was placed upon her back, her shoulders a little raised on pillows, and the knees flexed over the edge of the bed, when I placed myself, for the sake of convenience, in the kneeling posture. Two assistants were stationed near her shoulders to keep her still, and one on each side of her near to me, each holding a candle; another was prepared to supply whatever instruments, sponges, &c., might be needed. The external incision was made in the line of the uterine axis, commencing about four inches above, and extending nearly the same distance below the umbilicus, and running a little obliquely from within outwards: its upper extremity being half an inch, and its lower an inch and a half to the left side of the linea alba. A short incision was first made through the whole thickness of the abdominal parietes, which were extremely attenuated, and continued by means of a director and probe-pointed bistoury. The cut into the uterus corresponded in direction with the external one, and was about seven inches long. A small incision was first made with the scalpel, and continued with the probe-pointed bistoury, the fingers being used to direct it instead of the grooved probe. The placenta being attached at this part of the womb was immediately torn through with the fingers, and the child and it extracted without the slightest difficulty. The uterus, the parietes of which, in its distended state, were not thicker than shoe-leather, immediately contracted to the size of a child's head, and its walls became about three-quarters of an inch in thickness. Some of the small intestines now protruded at the upper part of the wound, but were immediately replaced, and held in by Mr. Fawdington. The parts were then sponged, the external wound brought together, and secured by six interrupted sutures, adhesive plasters in long straps, and a broad circular bandage. The lower fifth of the wound was left uncovered by adhesive plasters, in order to allow any discharge to pass freely from the interior: a piece of spread lint and a fold of the bandage being all that was thought necessary at this part. The loss of blood amounted to about eight or ten ounces; it issued principally from the placenta while being torn through. There was very little discharge, indeed scarcely an oozing of blood from the divided edges, either of the abdominal parietes or the uterus.

The woman bore the operation almost without a murmur, and said she had not suffered more than she should have done from two or three ordinary labor pains. The child, who was alive and healthy, was extracted in less than two minutes after the first incision was made, and the whole operation completed, and the patient in bed, in twelve or fifteen minutes from the commencement. The pulse was not materially affected, and the patient was lively and talkative directly after being put to bed. A quarter of an hour after the operation, which was at 9 o'clock, P. M., three grains of solid opium were administered, and directed to be repeated every four, five, or six hours. She passed a comfortable night: slight uterine pains came on three or four hours after the operation, and she had some lochial discharge at the same time *per vias naturales*. There has been a little oozing from the lower part of the wound,

[For some time the case seemed to be going on favorably, but eventually ended fatally thirty-two days after the operation.]

On inspecting the body thirteen hours after death, the upper part of the wound, three inches in length, had healed by granulation. A small knuckle, the size of a section of a hazel nut, of the intestinum ileum, had insinuated itself between the edges at this part, but did not protrude beyond; its surface was covered with granulations. The rest of the wound was flabby; and the granulations, which appeared so luxuriant and healthy a week before, had become partially absorbed. A small cul de sac existed between the lower extremity of the cicatrix and the fundus uteri; this was in progress of being filled up by granulation. The incision into the uterus was at its fundus, and at this time one inch in length; both sides were studded with healthy granulations, a circumstance somewhat remarkable, considering the unhealthy appearance of the external wound. I believe the wound in the womb had been healed, as previously mentioned in the notes of the 23d day, but subsequently separated at the time when the reparative process ceased to go on externally, and that the adhesions were destroyed by absorption. The womb, which is in my possession, was scarcely larger than it is usually seen to be in its healthy unimpregnated state. The external wound, as well as that in the uterus, was excluded from the general peritoneal cavity by a most complete barricado, formed by adhesion of the parietal and visceral peritoneal surfaces, imperforate at every point, and situated at a distance of from half an inch to an inch from the edges of the external wound. These adhesions were perfect on the fourth day after the operation, and I think earlier. On carefully dissecting away the peritoneum from the fore part of the pelvis on its inner aspect, a gush of well-formed pus flowed out from the side of the right psoas muscle. The cavity containing this fluid was within the sheath of the psoas magnus, and was traced forwards to the body of the pubis, and thence downwards to the cavity of the hip-joint, which was filled with matter of the same kind. The ligamenta teres and transversum were almost entirely absorbed; and the head of the thigh-bone, and corresponding surface of the acetabulum, were denuded of cartilage, and quite carious. From the hip-joint the abscess had taken a course upwards, passing beneath the cotyloid ligament and periosteum, over the body of the pubis to its posterior aspect, the whole of which was also carious. The stomach, bowels, liver, and other abdominal viscera appeared healthy.—*Lond. Med. Gazette.*

Stick in the Rectum.

Walter Hodge, aged 73, was admitted a patient into the St. Marylebone Infirmary. He was in a delirious condition, and made his complaint very incoherently. He said there was a stick in his rectum. When asked how it got there, he said he had put it there; but when it had been done, or for what purpose, could not be extracted from him. A finger was introduced into the rectum, but no stick could be detected. There was, however, some enlargement of the prostate. Mr. Phillips suggested that the sensation of something in the rectum might be caused by the enlarged prostate, and that in his delirious condition the sensation of a foreign body was sufficient to impress upon his mind the idea that it was a stick. A catheter was introduced into the bladder, and about four ounces of transparent, but highly-colored urine removed. His pulse was small and frequent; the tongue dry and brown; the abdomen not at all tumid, nor was there any marked tenderness on pressure. His only urgent complaint was, that he could not sit up without pain. Mr. Phillips directed that he should have some wine and water, a warm bath, and half an ounce of castor oil. The next morning he expressed himself as a good deal relieved; but still there was no further information to be got about the stick. The pulse was still small and quick; delirium much as yesterday; the tongue still dry and brown; the abdomen unchanged. The bowels had not been relieved; indeed, he had not swallowed the whole of the castor oil. He was ordered to have a common enema; and in the belief that he was laboring under a delusion about the stick, the nurse was requested, if any portion of the enema returned, to show him a piece of stick, as a means of relieving his mind. The enema brought away some fæcal matter, and a piece of stick was shown him, but he died on the evening of that day.

The following day the body was examined, and at six inches from the anus was found the inferior extremity of a stick, which was about as thick as an ordinary indicator finger; it was covered with its bark, and carefully rounded at each end. Its superior extremity had passed through the sigmoid flexure of the colon into the peritoneal cavity to the extent of four inches. The peritoneum was highly inflamed through its whole extent, but there was very little thickening about the tissues in the immediate vicinity of the perforated point. There was no appearance of disease in the rectum.

For what purpose that stick was introduced it is impossible to conjecture. There was no disease of the rectum, neither hæmorrhoids nor contraction. Had either of these conditions existed, it would have been easy to suppose that this stick was used as a bougie. But with a very capacious rectum, such a conclusion is inadmissible; and we can only assume that there may have been some painful sensation, which was calmed by the introduction of the foreign body; or that its use had been dictated by one of those sharp aberrations of the human mind, to which it is unnecessary further to refer in this place. There are some cases on record, such, for instance, as that by Rolet, where foreign bodies have been introduced into the rectum for the purpose of relieving pain. A devotee wishing to subdue severe colicky pains, passed into the rectum a phial of Hungary water, having at its upper extremity a small aperture, through which the water might pass and be applied to the part. The bottle grasped by the intestine slipped from his fingers, and was drawn above the sphincter. Again, in the Journal of Desault, tom. iii. p. 177, are the details of a case treated at the Hôtel Dieu in 1792. 'Eight days before his admission he introduced into the rectum a small conical preserve jar three inches long, the handle and bottom of which had been broken off, 'for the purpose of relieving himself from an obstinate constipation.' It was passed up by its small extremity, which was two inches in diameter. The sphincter grasped it, he lost his hold, and it passed out of his reach. The nearest cases to our own are that contained in the Mélanges de Chirurgie of Saucerotte. p. 448. A man introduced into the rectum a plug of wood, three inches long by two wide, without any obvious motive. And that mentioned by Morand as having occurred to Gerard. A man, 60 years old, presented himself at La Charité complaining that he had the pipe of an enema syringe in his rectum. Gerard introduced the finger into the rectum; he felt a foreign body; and for its removal had recourse to lithotomy forceps. He did not think it necessarary to take any particular precaution about the operation. The man was standing; the forceps was introduced; and when the man felt that the foreign body was seized, he flinched, and out came a knitting case six inches long. No history was obtained, the man having got away without notice. (Mem. de l'Acad. tom. iii. p. 621.)—*Lond. Med. Gaz.*

THE COLLATERAL SCIENCES.

On some of the Functions of the Organs of Circulation independent of Nutrition.

BY S. SOLLY, ESQ.

A lecture was recently delivered by this gentleman, the object of which was to demonstrate a more extensive application of the erectile tissue as a mechanical agent in the animal economy than has been generally supposed. Mr. Solly commenced by observing, that he had intended so carefully investigating the whole subject, as to enable him to produce a paper worthy of the Royal Society, but finding his time fail him, he considered that he had nevertheless collected a sufficient number of facts to make the subject interesting, and he now brought it forward in the hope that others would take it up, and either confirm or refute his opinions. The general functions of the organs of circulation, in relation to nutrition, secretion, animal heat, &c. were simply explained to unprofessional hearers, as introductory to the immediate object of the lecture.

Mr. Solly then proceeded to explain the existence of the erectile tissue, thus showing that blood, independent of its vital properties, performed a most important part in the animal economy as a mere mechanical agent. As the lecture was delivered before the female as well as the male sex, the lecturer was debarred from adverting to the most familiar illustration of this tissue, and he appeared to choose as the best under these circumstances, the cock's comb and the turkey's wattle in its stead. He next directed the attention of his audience to the swimming bladder of the fish as an instrument for buoying the animal in the water, illustrating his observations by numerous diagrams. He stated there were three kinds, one communicating by means of the œsophagus with the external air, which permits the expulsion of the air when the animal required an alteration in its specific gravity.

2d. Consisting of a closed sac, containing a substance called the blood gland.

3d. More rare, in which the blood gland and opening exist together. This so-called blood gland, which has hitherto been described by authors as an organ of secretion or absorption, the latter supposition being held by Rathké.

Mr. Solly considers a mechanical agent to compress the air in the sac, for the purpose of altering the specific gravity of the animal, in the same way as Dr. Buckland suggested that the body of the pearly nautilus did when retreating in its shell upon the air contained in its syphon. Mr. Solly's arguments were drawn from the arrangement of the blood vessels, as shown by his injections in the cod fish, by which he demonstrated their distribution to be such as is met with in a true erectile tissue, and not on a secreting surface; and the fact that this structure, as a general rule, exists only in connection with the perfectly closed bladder.

The red vascular substance which is found in the same fish, external to the bladder, and in contact with its anterior extremity, he considered as the reservoir of the blood when not employed in mechanically compressing the air in the bladder.

Mr. Solly next brought forward the following facts, in order to show that the ciliary processes in the eye are also erectile organs; and in virtue of their erectility, instruments for altering the position of the crystalline lens, and thus adapting the eye to focal distance.

1st. The peculiar arrangement of their blood vessels, as shown by the injections of the continental anatomists, and Mr. Dalrymple in this country.

2d. The position of them in the cuttle-fish, where they partially divide the lens into two portions.

3d. That where they are absent, as in the osseous fishes, their place is supplied by the organ called the choroid gland, which has been shown, both by Professor Owen, Cat. Coll. of Surgeons, vol. iii. p. 145, and by Mr. Wharton Jones, Med. Gaz. vol. xxi. p. 850, to consist of a congeries of blood vessels, or rete mirabile; and though not described by them as an erectile organ, evidently must perform that office.

4th. That in the cartilaginous fishes this organ is done away, and rudimentary ciliary processes supplied in their place.

5th. That the rudimentary character of these processes in the reptile is in accordance with the limited range and adaptation of the visual organs.

6th. That in birds, where this adaptation is required to be made with such rapidity, especially in the high soaring rapacious tribes, that in addition to the ciliary processes, which are very large, we find the pecten now universally considered an undisputed erectile organ, and described by Professor Owen as an instrument for adapting the eye to varied distances.

On the Signification and Ends of the Portal Circulation.

BY R. WILLIS, M. D.

[It has seldom if ever been asked why is there such a singular departure in the circulation of the liver from the ordinary mode of the circulation in general. The carbon from the lungs, the bile from the liver, and azote from the kidneys, in the form of urea, must all necessarily be eliminated from the blood in order to preserve it in its purity; and they are all products from the wonderful laboratory which nature has established in the living system: and there is no sufficient reason for supposing that the blood from the intestines contains more of the elements of bile than that from other sources. It moreover happens that occasionally the portal system is found absent and yet bile has continued to be secreted. This is a positive proof that the portal system is not absolutely necessary for the elimination of bile.]

When we look beyond the two higher classes in the animal kingdom, mammalia and birds, we find an important extension of the plan of circulation, which, among them, we see limited to the liver; reptiles and fishes have actually a portal system of the kidneys, as well as a portal system of the liver. In fishes, the veins which return the blood from the tail, and frequently some of the internal abdominal organs, such as the ovaries, or testes, and the swimming bladder, unite into a trunk, or trunks, which, instead of falling into the abdominal cava, proceed to the kidneys, and there undergo distribution, from stems to branches and capillaries, precisely as the vena portæ is distributed to the liver in quadrupeds and man. In reptiles there is also a renal as well as a hepatic portal system, the veins which are ramified through the kidneys in this class collecting their blood from the tail, hinder extremities, and abdominal parietes. It was even supposed by Jacobson of Copenhagen, who first called attention to the peculiar distribution of the veins to the kidneys which has just been indicated, that the same thing existed in birds; but this was an error; there is no renal portal system in birds, although there is an evident approximation to it; for the vessels which return the blood from the tail, legs, &c., of birds, form two large trunks which pass over the kidneys and receive contributions from them in their course to join the portal system. And this, by the way, is another argument in favor of the view that it is of no moment whence the blood is derived which feeds the liver; had the blood, which comes from the legs and tails of birds, not been fitted to yield the elements of bile to the peculiar elective force of the liver, it would not have gone to be subjected to the action of that organ. What then is the reason of the portal system, whether of the liver or of the kidney, among animals? It appears to me obvious. It is a contrivance—a most admirable contrivance—to economise arterial blood.

Of all the matters which are evolved in the course of the vital acts by which the body is maintained in its integrity, and by which its various wonderful attributes are manifested, no one appears to be so decidedly a poison as the carbon. It is on this account that the entire mass of the circulating fluid is sent, in all the higher animals, through a special apparatus, in which the free, or superfluous carbon is literally burned out, before the blood is fitted for re-distribution to the system at large. Urea and bile, other products of the chemistry of the living body, are not so deleterious as carbon; had they been so, the whole mass of circulating fluid must have been sent through the kidneys and the liver just as it is through the lungs. Only a part of the blood requires to be subjected to the action of these organs in order to be maintained in sufficient purity for even the most important ends in the economy.

In the higher classes of animals, the kidneys are not of such magnitude, but that they can be fed with arterial blood without detriment to the rest of the body,—the quantity that must be subjected to their action, in order that the amount of urea, salts, &c., mingled with the general circulating mass, may be kept within due bounds, is not more than can be afforded. But the supply of so large a viscus as the liver with arterial blood, for a purpose which, however important in itself, is still only secondary, would have been a serious matter, and would have implied an increase in the pulmonary system especially, to an extent that must have been felt as inconvenient. Had the liver been furnished with arterial blood, as the mean of affording bile, it must obviously have had a vessel sent to it of a calibre equal to the sum of the vessels whose contents are finally collected into the portal vein. Nature goes to work more economically; she first uses the blood of the great abdominal arteries to vitalise the viscera, and then gathering this into a common trunk, she sends it to minister to the function of the liver,—this blood as a vivifying fluid is exhausted for the time, but it will still yield the elements of bile if subjected to the elective affinity of the liver. The whole system of the liver is, in fact, calculated upon economic principles; the bile is necessary to the completion of the process of digestion, and, at the same time, it contains principles which, if retained, prove poisonous.

If we observe this husbandry of arterial blood in the higher animals, among which the respiratory system is so largely developed, we might, *a priori*, have expected an extension of the plan in inferior grades of creation, where the pulmonic system degenerates notably. And, accordingly, we have seen that, in reptiles, where the lungs become cellular sacs, and among fishes, where they are replaced by gills, not only is the bile, but the urine also, elaborated from venous blood. The small quantity of arterial blood sent to the liver, in all classes, by the hepatic artery, and to the kidneys, in reptiles and fishes, by the emulgents, is not to supply the pabulum of their special secretions, but to the end that they may be vivified and nourished like every other part of the organism to which they belong.

To ask whether secretion can take place from venous blood or not, therefore seems to me a most puerile question. Had not secretion been destined to take place from the blood of the vena portarum, nature would not have been at the pains to distribute it through the liver,—the peculiar arrangement is already an answer to the question; the end of it is, as I have said, to economise arterial blood.—*Lond. and Edin. Monthly Journal of Med. Science.*

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Museum at the Stuyvesant Institute.

TO THE EDITOR OF THE LANCET.

Sir:—

In the inaugural address of Professor Pattison, it was stated, that the greater part of the Museum of Jefferson Medical College of this city belonged to him and Professor Revere; and in the annual announcement of Lectures of New York, it was affirmed—under the respectable signature of Theodore Frelinghuysen—'by order of the Faculty'—that a '*large part* of the Museum of Jefferson Medical College of Philadelphia belongs to the Professors of Anatomy and the Practice of Physic, (Professors Pattison and Revere,) who have been translated from that school (Jefferson Medical College) to the corresponding chairs in the Medical department of the University of New York, and it will come to form a valuable addition to the Museum of the Institute.'

Now, as I understand that these gentlemen obtained all the preparations to which they considered themselves entitled in the Museum of Jefferson Medical College, prior to the commencement of the last session, and as I know the destitute condition of the Museum of the Stuyvesant Institute, may I ask for information as to what has become of this one of the '*three Museums*' of which the Faculty promised that it should be formed?

A Student.

Philadelphia, April 29th, 1842.

[☞ 'A Student' must be greener than we think he is, if he be so silly as to swallow all the statements contained in such 'announcements' as that to which he alludes.—Ed. L.]

Dr. Flint's Lectures on Physiology.

A course of popular lectures on Anatomy and Physiology, were recently delivered at Buffalo, by Dr. Austin Flint, and were received with great approbation. The lecturer received a vote of thanks from a highly respectable meeting of his townsman. We gladly notice such indications of awakened attention to subjects of such universal interest.

Castleton Medical School.

We observe with pleasure, from a recent number of the *Vermont Statesman*, that the Surgical *Clinique*, recently established at this institution, is going on prosperously. Numerous interesting operations, particularly for the relief of diseases of the eye, have been performed before the class.

Books, &c.. Received.

An Inquiry into the Necessity and General Principles of Re-organization in the United States Navy, with an examination of the true sources of Subordination. By an Observer. Baltimore: John Murphy, 146 Market street. 1842. Pamphlet. 8vo. pp. 46.

The Maryland Medical and Surgical Journal. Vol. II. No. 3. Baltimore: John Murphy, 146 Market street. (In Exchange.)

☞ This excellent journal continues to sustain its high character, and has our best wishes for its prosperity.

The Western Journal of Medicine and Surgery. No. for April. Louisville, Ky. Prentice and Meissenger.

☞ Lacks variety—original articles too long and heavy.

United States Gazette, April 26—

☞ Contains a full and authentic account of the pay and established emoluments of the Army and Naval Medical officers, showing the unjust disproportion to which we recently directed the attention of our readers.

The Cortland Democrat, April 28—

☞ Contains an apology by the Editor of the *Cortland Co. Whig* for the appearance, some weeks ago, of a dastardly attack on the character of Dr. Shipman. The continuance of this malicious persecution of a deserving member of the profession is most disgraceful to its authors, who are, however, it would seem, too effectually bronzed, to exhibit any tokens of ingenuous shame.

Circular. Private Medical Institution of Baltimore.

☞ Surely the gentleman who forwarded this 'Circular,' cannot expect us to publish mere advertisements gratuitously.

To Correspondents.

Dr. Alexander E. Hosack's valuable communication will appear when the engraving designed to accompany it is received from the artist's hands.

Dr. David Porter is respectfully informed that we must incur the same censure, which the 'Western Editor' earned by his refusal to publish the article in question. We are equally partial to 'practical papers.'

We assure 'Album Grœcum' that we are not done with the 'phenomenon' referred to in such proper terms in his communication. When the fitting time comes we will discharge the whole measure of our duty in this matter. Till then we reserve 'Album Grœcum's' letter.

Dr. Westmacott's very interesting paper will appear in due season, with the engravings.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending April 30, 1842.

30 Men, 35 Women, 39 Boys, 34 Girls. Total, 138.

DISEASES.

Apoplexy	1	Intemperance	0
Asthma	1	Inflammation	1
Asphyxia	1	Of liver	0
Abscess	0	Of bladder	0
Aneurism	0	Of brain	3
Bleeding	1	Of stomach	3
Bleeding from stomach	0	Of chest	4
Bleeding from lungs	0	Of lungs	9
Burned or scalded	0	Of bowels	9
Casualties	1	Of throat	0
Cholera infantum	3	Of womb	1
Cholera morbus	0	Insanity	1
Cancer	0	Killed or murdered	0
Consumption	29	Locked-jaw	0
Convulsions	9	Lues Venera	0
Croup or hives	2	Mortification	0
Debility	0	Malformation	2
Delirium tremens	0	Marasmus	6
Diabetes	1	Measles	6
Diarrhœa	1	Old age	3
Death from poison	0	Organic disease of heart	1
Dropsy	1	Palsy	1
Dropsy in head	3	Rupture	0
Dropsy in the chest	0	Rheumatism	0
Drowned	4	Spinal disease	1
Dysentery	0	Suicide	0
Erysipelas	5	Sprue	1
Epilepsy	0	Small-pox	7
Fever	6	Scrofula	0
Scarlet	3	Teething	1
Typhoid	7	Tumor	0
Puerperal	2	Unknown	0
Remittent	0	Ulceration of throat	0
Bilious	0	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	4
Hip Disease	0	Worms	0

William A. Walters, City Inspector.

City Inspector's Office, April 30, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, MAY 14, 1842. No. 20.

LECTURES.

A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.

BY
JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture VII.

Morbus Cæruleus—Causes of the phenomena—Remarkable case—Induration, softening, and fatty degeneration of the heart—General principles of the treatment of chronic enlargement of the heart.

GENTLEMEN:—

I will now speak of another affection of the heart, entirely distinct from any I have yet described,—that is the form of disease known as

MORBUS CÆRULEUS,

and so called from the peculiar color of the surface of persons affected by it. It has usually been considered as dependent on a communication between both cavities of the heart by the foramen ovale, which we know sometimes remains open during the whole period of life. Again, sometimes the ventricular septum is deficient; in other cases the aorta springs equally from the right and left ventricle; again, the ductus arteriosus, which is, you know, a large vessel in the fœtal state, may remain open. All these malformations are congenital, and all lead to one result—that is to a communication between the opposite sides of the heart, a state of things which ought not to exist in the natural condition of the parts. But this is not the only important fact to notice, for we also notice that the cavities of the right side of the heart are uniformly dilated,—and in my opinion that is the principal cause of the blue skin in the great majority of cases. Sometimes the mitral valve is much contracted, preventing the return of venous blood from the lungs. But in many cases we do not find this cause of dilatation evident, but must suppose that it exists somewhere, probably at some considerable distance from the central organs of the circulation. Now, from this fact, we may obtain an explanation of one phenomenon noticed in these cases. The communication between the right and left sides is congenital, and therefore if this circumstance were alone sufficient to explain the blueness of the skin, that should always appear at birth; whereas it is a notorious fact that it does not always appear at birth, sometimes not making its appearance till as late as twenty or thirty years afterwards. So the mere communication does not explain the phenomenon. It is only after the right side of the heart becomes dilated that we find the blueness of the skin. The explanation of this is very clear to my mind. The blueness depends upon two causes—in the first place we have obstruction to the venous circulation. In almost all cases of obstruction of the venous circulation, we notice a certain degree of this blueness—the lips—the alæ of the nose—the cheeks—sometimes even the whole countenance partake, more or less, of this peculiar hue. This is nothing more than a slight degree of the same thing which takes place in the morbus cæruleus, and evidently depends, as I have just remarked, on the obstruction to the venous circulation. But if, in addition to this, there be a mixture of the venous and arterial blood through those communicating orifices, we have then a new cause of blueness, and that is the main cause why it is much more strongly marked in this disease than in common affections of the heart. Now it must be evident that in cases of simple communication through the foramen ovale—I mention this as the most frequent seat of the communication—without any other organic change, the blood cannot pass from the right auricle into the left, although the orifice is open, for the auricles possessing precisely the same degree of muscular power and being of the same size, contracting at the same instant, there would be no reason why the blood should be received through this orifice one way or another, but that on the contrary it should be forced through the natural passages. But suppose the existence of some impediment—suppose the right cavity more muscular than the left, then the auricles contracting at the same instant, and the right more forcibly than the left, you would have a certain quantity of the venous blood driven through, and in this way the venous and arterial blood would be mixed in greater or lesser proportions, and sent into the circulation through the aorta.

Into this explanation of the matter I have entered more particularly, because it is not generally given in works on the subject. The first person who described it properly was Louis, in a memoir published some years ago. He has collected numerous cases which occurred in his own practice and that of others, and they show clearly that communication between the two sides of the heart is not the main cause of morbus cæruleus as is generally supposed, but that it results in the manner I have described.

This disease more usually first affects the face than any other part of the body. The lips become affected, and the blueness gradually extends and covers the whole face. Sometimes the whole surface of the body is affected. Patients laboring under this affection, present the usual symptoms of organic disease of the heart; that is to say, they suffer more or less from palpitation, dyspnœa, fainting fits; indeed they frequently die suddenly in a fainting fit brought on by some sudden excitement, violent mental emotion, or more than ordinary bodily exertion. I recollect a case of this disease which I saw some years ago, which was different from any thing I have seen described in the books, and therefore I will give you a narration of it somewhat in detail. It occurred in a child of about five weeks old, which was rather delicate, but presented no symptom of any disease except this peculiar affection. A week after its birth, the mother noticed that the child suddenly ceased to breathe, and so continued for a minute or two, when the respiration returned. There was no blueness of the skin until about a week after the occurrence of these symptoms, which then became more frequent in their appearance. I saw one of these paroxysms, and so had an opportunity of observing it carefully. The child lay on its mother's arm perfectly pale and ghastly, its eyes turned upward and the lids partially closed, its hands clenched, and when the arm was raised, if allowed, it fell apparently perfectly lifeless by its side; the respiration was completely suspended, so much so that a fine feather held to the nostrils gave not the slightest evidence of the passage of any air, except that about once in half a minute there was a scarcely perceptible puff. After a few minutes the countenance assumed a bluish hue, and speedily became livid, so that the change from the former ghastly paleness was remarkably striking. During this time the pulse became almost entirely extinct, and could with difficulty be barely felt. After this state of things had continued for a few minutes, the child gave a sudden gasp, and this was the commencement of returning animation. The child, however, quickly relapsed into its former insensible condition; but in a moment or two gave a scream—the respiration became exceedingly rapid, and the action of the heart very tumultuous, all lividity of the countenance speedily disappeared, and in a few seconds the child was screaming and crying as if from violent pain. It now soon became apparently quite relieved, the action of the heart and the respiration merely continuing somewhat more accelerated than natural. What is certainly very remarkable, this child became perfectly well. I saw it a month afterwards, and although nothing particular was done, the paroxysms had become less and less frequent, and in a few months the child had completely recovered, and was altogether free from these attacks. My opinion is that this was a case of congestion of the heart, and that that was the cause of all the difficulty. It was found that diffusible stimuli were exceedingly serviceable in diminishing the severity of the paroxysms.

Speaking of congestion, there is one fact connected with this morbus cæruleus which deserves to be mentioned, and that is, that you do not find in these cases much disposition to dropsy. You would naturally expect that dropsy would result, but it does not, for the capillaries seem to possess in these cases an unusual power of dilatation, and relieve themselves in this way, rather than by pouring out their serous contents, and so relieving themselves as in dropsy.

I shall only mention three or four other forms of organic disease of the heart without going into their history, which time will not permit, and indeed their relative importance does not demand. Sometimes we find the heart atrophied, a form of disease which we have already described as connected with enlargement. But we sometimes find the heart smaller than natural. This is often connected with some organic disease affecting other organs. I have noticed that the heart was smaller in cases of cancer of the stomach than in any other disease. This is, you know, a disease of long duration, and attended by great emaciation. Again, in phthisis the heart is smaller than natural, and I refer to this particularly because you find it frequently stated in the books that the heart is enlarged in this disease. But it has been satisfactorily established that this is a mistake. The indications of this form of disease of the heart are not very distinct or important during life. We notice flatness over the precordial region to be much less than usual; and on measuring the heart we can ascertain correctly whether it is smaller than natural.

Another form of disease of the heart is induration. This is not a simple form of disease, but exists in connection with hypertrophy of the organ. Thickening of the walls of the ventricles is usually accompanied by indurations, just as a muscle in any other part of the body which is unusually developed by exercise becomes harder and firmer than it was before. Again, we often find the opposite state of things, that is, softening. Not unfrequently we find the heart softened in cases of organic disease. Sometimes this softening is confined to particular spots—in other cases it is general. Sometimes there is no material change in the general appearance of the heart, but in other cases there is a slight change, and it presents a pale yellowish, or even a whitish aspect. The substance of the heart may at first sight appear natural, but on examination it breaks down into a sort of pulpy mass. This state of things occurs very frequently in connection with typhus fever; and Dr. Stokes, of Dublin, has published a most valuable paper on the connection of typhus fever with softening of the heart, showing that this may be suspected, if not diagnosed, during life, and the treatment founded to a great extent on appreciation of these symptoms. Dr. Stokes' paper was published in the *Dublin Journal* some years ago.

Another disease of the heart is the degeneration into fat. I remarked when speaking of the general anatomy of the heart, that it was not uncommon to find it loaded with fat. This seems to be a condition dependent to a certain extent on age. We rarely meet with it in young children; but it is not uncommon in persons of middle age, and still more frequent in those advanced in life. There is, you are aware, in many persons a disposition to deposit large quantities of adipose matter, particularly as they advance in life. Now this is not to be regarded as a pathological condition of the heart except when it exists in excess, which it sometimes does. I have seen some cases in which the heart was completely degenerated into fat—the columnæ carneæ changed into fat, and the adipose matter deposited in the lining membrane, and even between the substance of the valves. As you will readily imagine, this must, of course, impair the functions of the heart very considerably. Consequently, in such cases, we find the action of the heart very feeble; in some cases this fatty degeneration has terminated in rupture of the organ, and, of course, instantaneous death.

I will now make a few general remarks on the treatment of organic diseases of the heart. I will, in doing so, endeavor to give you the general principles of the treatment to be adopted, and not attempt to lay down any rules applicable to particular individual cases. For if I succeed in enabling you to understand distinctly the pathology of these affections, you will at once perceive that the treatment must be then quite intelligible to you, and founded on general principles of universal application. And let me here remark, that it is generally found that those practitioners who are in the habit of adopting the most complicated modes of treatment, and using the greatest quantity of medicine, and prescribing the most mixed formulas, understand least of all the diseases of their patients; and then those who have the most correct views respecting the nature of the disease of this organ, generally give very little medicine, and often none at all. It has been sometimes said that whilst pathological science has rapidly progressed, it has not thrown great light on our therapeutics. This is an egregious error. The labors of modern pathologists have done much to improve our modes of treatment, and if they had done nothing else than teach us what diseases are incurable and what not, they would have conferred an invaluable boon on the cause of science and humanity. For thus many patients have been saved from undergoing long and severe and expensive courses of medical treatment which could not possibly effect any good. Every physician has, or ought to have, a reasonable anxiety to do all he can for his patients. But too often this leads the practitioner into error, though ignorant of the disease he is called to treat, yet this anxiety prompts him to do something, and he goes on prescribing till he exhausts at one and the same time his list of remedies and his patient! When I tell you that I have seen a simple case of enlargement of the heart treated by alterative courses of mercury, and that too by a respectable practitioner, you will see the importance of correct pathological knowledge in guiding us to the appropriate treatment of disease.

In commencing my remarks on the treatment of the class of affections we have now under consideration, I would repeat what I have frequently stated—that enlargement of the heart must be considered as almost universal in organic disease of this organ. Now this being the case, the first indication in all affections of this organ, is to give it as little to do as possible. If we could, in such cases, lay the heart on the shelf, as we can a limb, then we would be enabled to effect a great deal more than we can. But as the heart must go on acting in order to support life, we must approach as near as possible to this state of things, and keep the heart as quiet as we can, if not as quiet as we wish. How can we effect this? Why, by giving the heart as little to do as possible. And what is it that the heart has to do? Why, it is to expel the blood through the arteries, and receive it from the veins. If, then, by diminishing the quantity of blood circulating through the system, we of course diminish to a very great degree the action of the heart. Therefore, blood-letting has always been and still is the first and most important remedial measure in the treatment of these affections. Perhaps in all our practice there are no cases in which we can give more satisfaction and afford more immediate relief than by bleeding in organic diseases of the heart. We find our patients suffering intensely from a sense of suffocation, palpitation, and great anxiety and distress, and by bleeding more or less largely we produce instantaneous relief.

But you must be careful lest you carry this remedy too far. If you do so you will do more harm than good. That is, although the immediate effects may appear very satisfactory, those which follow are soon seen to be very injurious. You cannot take away large quantities of blood without producing two effects—one is weakening the system very much, and the other is reaction. I spoke somewhat at length on this subject yesterday, when describing the results of repeated bleedings in animals for the purpose of observing the effect. And let me add, that the writings of Dr. Marshall Hall on blood-letting are eminently worthy of perusal. He has shown very clearly the nature of the results which I have just stated as flowing from repeated blood-letting. Now, Laennec was in favor of a practice entirely abandoned at present. He believed this depletory system to be beneficial. He recommends highly the 'treatment of Valsalva,' as it is called, after an Italian physician of that name, who first practiced it. This treatment consists in very large depletion, effected by repeated bleedings and restriction to the lowest diet. In this way Valsalva said he had succeeded in curing aneurism and organic enlargement of the heart. Laennec states that he has pursued the same treatment, and with considerable success. But he is not very explicit on this point. To this treatment, however, the danger of reaction is a very serious objection. In the debilitated state thus induced very slight excitement will produce the most violent action of the heart, and of course greatly aggravate the difficulty.

My plan is not to bleed largely, but very moderately. Hope gives very judicious advice on this point. His plan is to take away blood according to the circumstances of the case. In some cases, when the congestion is very great, and the patient very plethoric, free depletion may be necessary and proper, but usually the removal of six or eight ounces of blood at given periods, relieves the patient more effectually than more heavier treatment, and at the same time avoids the risk of reacting. Hope says that in cases of simple enlargement of the heart, occurring in persons of middle age, the abstraction of small quantities of blood, such as six or eight ounces, every six weeks or so, just sufficient to restrain the circulation moderately, and at the same time restricting the patients to moderate diet and appropriate exercise, has in many cases completely restored the persons so affected, and cured the disease. I have at present under my care a patient who has been subjected to this treatment for six or eight months, and he is infinitely better, and feels himself quite well, but as far as I can ascertain, his heart is not smaller than before. Now Hope knew this disease so well that it cannot for a moment be supposed that he would trust to a mere cessation of the symptoms for proof of the cure of the enlargement of the heart. No doubt, in all these cases, he attentively examined the region of the heart and ascertained for himself that the fact was as I have stated. An ordinary practitioner, not accustomed to auscultation, might not, in such cases, have made accurate examination, and might so have been misled; but we cannot suppose that Dr. Hope could have been so remiss or have so erred.

Let me repeat, for it is of immense importance, there is nothing you should so much fear as the danger of reaction. But no rule can be laid down respecting the quantity of blood to be abstracted, and the intervals at which the bleeding is to be effected, which would be of general application. You must be guided entirely by the circumstance of the case. One rule, however, of universal application, I can give, and that is—*never bleed in organic disease of the heart, or indeed in any other disease, when you can help it.*

Another means of treatment, analogous to blood-letting, which we possess, is the use of purgatives. There are many cases of organic disease of the heart where we do not think of bleeding at all. The symptoms may not be sufficiently urgent, and the strength of the patient may not indicate it. There are cases in which we would not be authorized even to abstract blood by cupping. In such circumstances purging is a very efficient and appropriate remedy. And those purgatives which are of a drastic description, such as the compound powder of jalap, are the best. Scammony, gamboge, elaterium, all these are used freely in such cases; but I have found none so effectual as the castor oil, and I am in the habit of administering it freely when none of the symptoms forbid its employment, and I have found in many instances the happiest results from its operation. The other week I saw the happiest effects produced in the case of a dropsical patient, by the use of what they call up in Greenwich, the 'tiger pill,' (a laugh) which is composed of castor oil. In this case the patient passed, it was said, three pails-full of colored fluid, and obtained immediate relief. He had been laboring under hydrothorax, and suffered greatly, but not having seen him before he took the 'tiger pill,' I cannot of course speak accurately of his case. Elaterium, I may remark, is very apt to produce vomiting, and if so, its purgative effects are not obtained, and the symptoms are of course much aggravated. Bleeding and purging, then, according to circumstances, are the chief remedial means which we possess in the treatment of organic disease of the heart, for the purpose of diminishing its action and lessening the force of the circulation.

A close attention to diet and regimen is of the greatest importance in the treatment of these affections. When speaking of functional disturbance of the heart, I remarked that many of the most marked cases were dependent on gastric derangement. If the dyspepsia can of itself produce palpitation, dyspnœa, and all the rational signs of organic disease of the heart, you can readily conceive that if organic disease already exists in conjunction with the dyspepsia, all the symptoms must be greatly aggravated, and that you cannot hope for any amendment unless you alter the morbid condition of the stomach. It is, therefore, of immense importance that the diet should be properly regulated in such cases. But only the most general principles can be laid down for your guidance of this part of the treatment. All indigestible food is, however, of course to be avoided—every thing which has a tendency to generate flatus. With proper attention to diet alone, many patients may be enabled to follow their ordinary business, and enjoy a very considerable degree of comfort.

Another important point is attention to exercise. I have already pointed out the disastrous effects of allowing the vital powers to be exhausted. Now we have no means equal to exercise in the open air, for supporting the strength. Generally speaking, riding on horseback is the best exercise for this class of patients. However, this must also be determined by the circumstances of each individual case.

I mentioned, you recollect, when speaking of the causes of organic disease of the heart, that powerful mental emotions occupied a prominent place amongst them. From this you will at once see the necessity of enforcing on your patients the duty of regulating their temper and avoiding all causes of mental excitement. Now suppose these rules apply to all cases, and to the simplest as well as the most complicated, while the disease is connected with the heart itself; but suppose again you have patients laboring under various complications that spring from these affections. These I told you were chiefly arterial and venous congestion—the former leading to apoplexy, and the latter to dropsy. Now the state of the patient's brain must be carefully attended to. If dizziness—pulsation of the vessels—and other similar symptoms denoting cerebral disturbance occur, of course, the most careful attention will be necessary. A great degree of restlessness and sleeplessness usually gives warning of dropsy. The feet soon begin to swell, and the effusion spreads in the manner I have described. It is very important to overcome this effusion, and this can in most cases be effected if the disease be not very far advanced. I have seen dropsy cured in such cases by simple blood-letting. You recollect that it depends on venous congestion, and if you relieve that, you of course remove the effusion. The system rallies, and the absorbents take up the serum, which is then poured out by the bowels. Purgatives, especially croton oil, exercise on many cases a decided and beneficial effect. Diuretics are also useful, but after the immediate operation of the medicine ceases, the effusion returns. This teaches the necessity, in all cases, to resort to those means which relieve the venous congestion before we employ those which are supposed to act directly in the removal of the serum. Therefore, if you bleed or purge your patient before you administer diuretics, you will produce a much better effect. After all, our chief reliance must in these cases be placed in diuretics. A great variety of this class of medicines are used. But it is a well-established fact that one particular remedy will have more effect in one case than another The old formula of one grain each of squills, calomel, and digitalis, made into a powder or a pill, and given two or three times a day, is the best when the circumstances of the case admit of its exhibition. Digitalis is itself, in these cases, a very uncertain remedy. If it irritates the stomach, as it sometimes does, it aggravates instead of relieving the symptoms But combined with the other substances, as in this formula, it does not seem to produce these unpleasant effects. But there are many cases that will not bear this kind of treatment, and in such circumstances we have no remedy which acts more effectually than the common Indian hemp, which is generally administered in the form of decoction of the root. Dr. Borrowe, who was some years ago probably the most extensive practitioner in this city, was long in the habit of using it, and indeed it was first introduced to my notice by a patient of his, who labored under ossification of the arteries. When taken in moderate doses, this remedy acts as a tonic, diuretic, and diaphoretic; taken in larger quantities, it produces an emetic and purgative effect. You are aware that cream of tartar and various other medicines are used in these cases on account of their diuretic properties, but it is not necessary to detain you with an enumeration or description of them.

There is one point which should not be forgotten Every now and then I see a patient who has been affected with organic disease of the heart, blistered, and who had setons inserted, and every thing of that sort. Now such treatment is perfectly preposterous. We have nothing whatever to sustain such treatment. There are indeed certain cases in which counter-irritation may be useful, such as those in which pain exists in the precordial regions, and the object in view is its removal. But it is perfectly absurd to expect to cure an organic lesion of this organ by the application of blisters or the introduction of setons. In *angina pectoris* counter-irritation is often very serviceable. And in speaking of this peculiar affection, I should remark that during the paroxysm a particular course of treatment is indicated. You must, in such cases, endeavor to restore the action of the heart by the exhibition of diffusible stimuli, such as the aqua ammonia, camphor, and others. Often the intestines are distended with gas, and in such cases a stimulating injection will be of essential service. A drachm of assafœtida, given in milk, is perhaps as good an injection as you can employ. The feet may be placed in a mustard bath, and every thing done which can have a tendency to restore the action of the heart, and bring the patient into a condition to be bled. The after-treatment must be conducted on those general principles which I pointed out for your guidance in the management of organic affections of the heart.

This concludes, gentlemen, what I have got at present to say on chronic enlargements of the heart. To-morrow I will proceed to the subject of inflammatory affections of this organ, and commence with pericarditis.

LECTURES ON THE PATHOLOGY,

AND

Diseases and Derangements of the Nervous System.

BY

MARSHALL HALL, M. D., F. R. S., L. AND E., ETC. ETC.

No. VIII.

IV.—ON HYDROPHOBIA.

Another terrific disease of the nervous system, arising from causes acting at a distance from the nervous centres, is hydrophobia. A wound inflicted, a poison inserted, probably in the substance of the fine fibrillæ of excitor nerves, is the cause of this disease. After a variable interval, the peculiar symptoms of hydrophobia display themselves. All these symptoms obviously belong to the true spinal or excito-motory functions; they consist in a peculiar spasmodic and terrible dysphagia and dyspnœa. The parts immediately affected are those which preside over ingestion. The fifth nerve in the face and in the fauces, and the pneumogastric in the larynx, appear to be most unduly impressible. The impression upon these nerves is reflected upon the muscles of the pharynx and larynx, and the sense of dysphagia, or of dyspnœa, is overwhelming — The slightest motion in the atmosphere, the application of a glass or cup to the lips, the sight or idea of water, or other fluids even, are attended by an agony of suffering,—of mingled spasm, choking, strangulation, and terror. There are, from the first, extreme anxiety of the countenance and inquietude of manner, and a peculiar aggravation of these appearances at the sight of fluids, or on feeling a gust of air pass over the face, and still more on attempting to drink; by any of these causes an expression of horror, a sense of suffocation, with constriction about the throat, and convulsive movements, are produced, which are terrible to witness, and beyond description. Independently of these causes, there are similar symptoms, only in a minor degree. Later in the disease, the agony of expression and suffering is extreme; viscid saliva forms and collects in the mouth, and is removed with impatience and horror, and spasm about the throat; the mind begins to wander with a terrible delirium; the limbs are moved with continual spasm and agitation. At length the powers of life and of the disease sink together. M. Gendrin, in a note to his translation of Dr Abercrombie's work, ed. 2, p 578, remarks,—'I have observed several cases of hydrophobia, and have assisted at the examination of still more; only a few months ago I followed this horrible malady from the first symptoms until its fatal termination. I have never seen the slightest trace whatever of inflammation, or of lesion in the cerebro-spinal organs, or in the ganglionic nerves. The only lesion which I have recognised is a considerable development, generally inflammatory, of the mucous follicles at the base of the tongue, in the pharynx and the superior orifice of the larynx. Patients affected with hydrophobia die asphyxiated; after death, as in cases of tetanus, a marked degree of congestion is found in the pulmonary veins; a general state of congestion of the principal viscera, and particularly of the brain, and liquid blood of an obscure red in the vessels.’ The treatment of hydrophobia has hitherto been abortive; every remedy which the terrors of the disease, or the ingenuity of physicians could suggest, has been tried in vain. Dr. A T. Thomson's case was apparently mitigated by the hydrocyanic acid. Mr. Mayo has ingeniously suggested the propriety of tracheotomy. If a case were committed to my charge, I would combine these two modes of treatment. The strychnine might induce tetanus, or hydrophobia, but can never cure it, except upon a principle of similia similibus.

V.—HYSTERIA.

Vast, indeed, is the distance which separates hysteria from epilepsy, yet how similar are the symptoms of these two diseases. There is one great distinction,—in hysteria, much as the larynx may be affected, it is never closed: in epilepsy it is closed; in the former we have heaving, sighing, inspiration,—in the latter violent, ineffectual efforts at expiration; in the former the cerebrum, the true spinal marrow, are comparatively unaffected: in the latter they are in a state of apoplexy and of irritation. Hysteria frequently depends upon the state of the stomach and bowels; still more frequently, as its designation implies, and like epilepsy, it arises from various conditions of the uterine system; and very frequently it is connected with the state of the mind and emotion,—cause and effect. Some seem to imagine that hysteria is a feigned disease,—this it is not; it is real enough, but it is generally exaggerated. This is, I believe, the true view of the matter; to this the peculiar condition of the mind seems to give origin. Hysteria seems to single out and affect every organ, every function which belongs to the true spinal system. Like the emotions it also affects the action of the heart, the secretions, especially that of the kidney, &c. I will merely add, in this place, the following table of the parts obviously under the dominion of the true spinal marrow, which are affected in this multiform disease:—

1. The larynx,—imitation of croup; apparently imminent suffocation.
2. The pharynx.—dysphagia.
3. The respiratory organs,—dyspnœa, cough, hiccough, retching, and vomiting, &c.
4 The cervix vesicæ,—dysury, retention.
5. The muscular system,—trismus, tetanus, contracted hand, distorted foot, twisted legs, &c.

The rest relates to emotion, which is the magna pars of hysteria, as hysteria, in its turn, is in the deluded and the deluding, the magna pars of Mesmerism, animal magnetism, or by whatever other ridiculous term so ridiculous a thing may be named.

VI.—CHOREA.

Chorea is distinctly an affection of the true spinal system; it affords an example of the want of harmony between the cerebral and the true spinal acts; the volition is normal; the true spinal action is abnormal. The action is abnormal, or irregular, for want of a precise harmony between the two. It is by acts of volition that the acts of the true spinal system are called into play; it is, therefore, when volition is excited, that the chorea is most distinctly manifested. The articulation and all the voluntary movements are irregular and impaired; the same thing is observed on any emotion. During sleep and repose, on the contrary, the chorea is mitigated, or disappears altogether, especially in the early stage. That chorea is excited through a morbid state of the bowels, there can be no doubt; it ceases frequently on removing this disorder. It involves, however, a morbid condition of the true spinal system, which certain tonics, and especially the arsenicum and the carbonas ferri, remove. It is, however, in the beginning not a centric, but a centripetal disease. Chorea frequently assumes a hemiplegic character; that is, it affects one side more than another; it also passes on from irregular motions to a sort of paralytic weakness; and eventually the mind, as well as the limbs, becomes enfeebled. Like some other true spinal diseases, centripetal in their origin, chorea becomes centric and cerebral in its course before its fatal issue.

VII.—STAMMERING.

Stammering is very like a very partial chorea; it is not, I think, as Dr. Arnott supposes, an affection of the glottis, that is, of the organ of the voice, but of some of the different parts which constitute the machinery of articulation For a disquisition on this point, I refer you to the Journal of the Royal Institution for Feb. 1831; I have there given my reasons for adopting a different view from that of Dr. Arnott, and have explained the various forms of stammering on the principles of the physiology of the articulation of the different orders of letters. In stammering, in fact, the act of volition is rendered imperfectly an action, independent and subversive of the will, and of true spinal origin. In some instances an act of inspiration is excited at the same time, which is equally involuntary. Stammering, as a disease, is sometimes induced by a morbid condition of the intestines, acting through the incident nerves. Dr. Bostock has recorded such a case in the 'Medico-Chirurgical Transactions,' vol. xvi. p. 72; it was cured by purgative medicines. In all cases this affection is aggravated by indisposition, and by emotion or agitation. It is best remedied, when not hereditary, or inveterate, by attention to the general health, and especially by purgative and tonic medicines, and by acquiring a habit of self-possession, and of speaking in a subdued, continuous tone, first dilating the thorax. I had one interesting case in which attacks came on from time to time, of a peculiar loss of speech: on attempting articulation the patient drew an inspiration, making a hissing noise between the lips, and suffering acute pain around the false ribs, about the insertions of the diaphragm.

VIII.—SPASMODIC ASTHMA.

I have already alluded to this subject The similarity between the croup-like disease, or the laryngeal asthma, and this, or the bronchial asthma, is most marked. A morbid state of the stomach induces both; both come on in attacks, and in the first sleep; both cease, as by a charm, from change of air: both are instances of reflected irritation: the difference consists in the closure of the larynx in the former disease, and its open state in the latter, a difference which is probably the cause of all the other differences between these two diseases. The simplest form of asthma is that immediately induced by taking some indigestible substance; or, perhaps, still more immediately induced by the inhalations of certain kinds of dust diffused in the atmosphere, as that raised by shaking a feather-bed, the powder of ipecacuanha, &c. The incident branches of the pneumo-gastric, or internal excito-motory nerve, are excited; the action is reflected by the medulla oblongata upon the motor branches, and, as I believe, upon the circular muscular fibres of the bronchial tubes. These tubes are contracted, and the phenomena of asthma are induced. A constipated state of the large intestine acts in the same manner through the incident spinal nerves. Contracted bronchial tubes explain all the phenomena: the dyspnœa, the urgent, rapid, imperfect bronchial inspiration; the protracted wheezing bronchial expiration: the bronchial rattles under the stethoscope, especially during expiration: the excited secretion of mucus, the cough: ultimately, the dilated air-cells, the dilated heart, &c. As certain additions to the atmosphere induce asthma, so certain others, as the smoke of tobacco, of stramonium, relieve the disease, and upon similar principles. As asthma is a morbidly excited state of the true spinal nerves, so remedies which subdue the action of that system, as the hydrocyanic acid, constitute our most prompt remedies in this disease. Swallowed, or inhaled, this remedy is invaluable, in this and in the cognate diseases, as the croup-like disease, pertussis, &c. &c., the first exciting cause or causes being removed. How singular is it, that ipecacuanha, taken into the bronchia should excite asthma, and taken into the stomach should induce another affection of the respiratory system, vomiting. How does every step in this inquiry lead to new comparisons, new illustrations of disease.—How short-sighted have been its soi-disant critics, its incapable judges. You cannot mistake asthma; remember that its attack is generally sudden; frequently in the first sleep. Trace it to its immediate cause; if this be an indigestible meal, give a mild emetic; if a morbid state of the intestines, give the warm water enema and a brisk purgative; if a north-east wind, or a dry atmosphere, imitate the genial south-west by diffusing warmth and moisture through the patient's room. A fomentation to the chest often does great good. Have recourse to the other remedies which I have mentioned; and then guard the patient against future attacks by teaching him to avoid its causes. Some patients can breathe in London who cannot in the country; some in the country who cannot in London; some can breathe in the lowest room who cannot in the highest stories. Ascertain these peculiarities, and propose the plans which they suggest to you. I need not say how important it is to avoid the attacks of asthma; the mere momentary suffering of the attack is nothing compared with the emphysema of the lungs, the disease of the heart which repeated attacks induce. I must close these cursory remarks by one or two observations. Sudden death frequently occurs in cases of affections of the larynx, or the upper part of the trachea, during the operation of tracheotomy. The fear and sufferings of the patient add to the excito-motory actions of the larynx, and induces asphyxia. How important would be some more prompt mode of performing this operation. Such a plan I proposed long ago; it is to remove a portion of the integuments and of the trachea, at once, by a small steel cylinder, with cutting edges and a piston. Of this I gave a description to Mr. Weiss some years ago; the proposition has been allowed to remain dormant. Another observation is this: there is a case on record, and I think in the 'Edinburgh Medical and Surgical Journal,' in which a shot passed into the trachea, and eventually into a bronchial tube, as a person was drinking out of a bottle, which had been cleaned, as is usual, with shot; it induced asthma. This asthma ceased at once on one occasion, when the patient expectorated the shot. The rationale of this case is perfectly obvious to those by whom the actions of the true spinal system are understood. Lastly: in some cases of chronic bronchitis we observe phenomena similar to those of the asthmatic seizure. In confirmation of the views given on this subject, I propose to make a series of experiments to ascertain the power of muscular action on the bronchial tubes, by the immediate and reflected action of galvanism. A glass tube will be fixed in the trachea, and this will be placed in blood-warm water; galvanism will then be passed through the water, and through the excitor and motor nerves.

IX.—TENESMUS AND STRANGURY.

I had recently a most interesting case of spasmodic stricture of the sphincter ani. The finger could scarcely be introduced. It was discovered that a calculus existed in the urethra; when this was removed the stricture immediately ceased. There is no fact so familiar as the retention of the urine produced by a ligature applied to hæmorrhoids; the cause and effect are removed altogether. Tenesmus almost always implies the existence of strangury, and strangury that of tenesmus. They induce each other; they are similar excito-motory phenomena, affecting the exits of two organs. Teething in children has produced both these actions, through a more remote arc of the true spinal system. The last subject which I shall mention under this head is

X.—ABORTION.

I have a number of facts which prove that abortion is frequently an excited act, excited through the spinal nerves of the rectum, and that its prevention depends upon removing and avoiding the causes of this excitement. A frequent cause is a morbid and exciting state of the contents of the rectum. The death of the fœtus is another cause; as a foreign body it excites the contraction of the uterus. The difference between the excited acts of the rectum and bladder, and of the uterus, is that in the latter the expulsors, the spincter or the cervix, in the former, are the active organs excited to contraction; in the former the excernenda are frequently retained, in the latter they are expelled.

ANOTHER 'LITERARY AND PSYCHOLOGICAL PHENOMENON!'

'The one may loll his tongue out at the other,
And shake his empty noddle at his brother.'

TO THE EDITOR OF THE LANCET.

Sir:—The 'Stuyvesant Institute School of Medicine'—the great metropolitan emporium of medico-chirurgical science—the only *dacent* 'college' in the country—hasn't all the glory to itself! The illustrious Bedford, *venerabile nomen!* has found a rival! It is not every age that produces two great men. Homer—Shakespeare—Bacon—Richelieu—Buonaparte—all had in their day no compeers. It is only in the middle of the nineteenth century that we can expect to find, flourishing in contemporaneous greatness, a Bedford and a Dunglison!

We really don't know which most to admire—the *dulce decus*, the *fidus Achates* of the Stuyvesant Institute, or the *magnus Apollo* of Jefferson College. Both are great—truly great—elevated far above the common and vulgar herd, as the skylark that carols gaily in the vaulted ether is exalted above the unpoetical cock-sparrows, which never dream of soaring more than a few yards above the pleasant corn-fields of the human family. There are in both these distinguished men, the same contempt of plodding labor,—the same boldness in appropriating the results of the toil of others,—the same noble self-esteem,—and the same practical appreciation of the value of brass, which is, after all, the only metal, now-a-days, that is worth possessing. Yet there are nice shades of difference between them. Bedford is the most bold,—Dunglison the most cunning,—Bedford knocks down his victim and rifles his pockets, with a coolness equal to that of a Turpin, but Dunglison inserts his digits into one's breeches with an elegant and finished dexterity, rivalled only by that of the most fashionable Bow-street practitioner. There is a rough, honest, 'devil-may-care' sort of an air about the Bedford, which strongly contrasts with the soft, insinuating polish of the Dunglison. Bedford has the most lead—Dunglison the most tinsel; but the brazen images of both are marvellously well matched, and each may, of a verity, exclaim—

'The soul of great Psycarpax lives in me!'

You have, Sir, already furnished the profession and the public, with a favorable specimen of the talents and abilities of one of these illustrious ornaments of American medical literature,—permit me now to perform the same agreeable duty with respect to the other.

In the last number of 'Dunglison's Medical Library and Intelligencer,' we find a very brief notice of Dr. FORRY's work on the Climate of the United States, in which the following characteristic sentence occurs—'With most of the author's views we entirely accord; indeed the work affords evidence that our own inquiries have received a portion of Dr. Forry's attention.' In order that your readers may be enabled to judge of the excessive modesty, and truth, and justice which dictated such a sentence; and that they, or at least such of them as are unacquainted with the peculiar talents (*talons?*) of the gentleman, may also have an opportunity of forming a correct judgment respecting the accuracy of these prefatory remarks, let me present them with the following extracts, premising that Dr. FORRY's article on Dengue, which appeared in the Army Statistics two years before the publication of Dr. Dunglison's work here referred to, is also contained in his work on the Climate of the United States:—

Dunglison's 'Practice of Medicine,' Vol. II. p. 656.	'*Statistical Report on the Sickness and Mortality in the Army of the United States; compiled from the Records of the Surgeon General and the Adjutant General's Offices—embracing a period of twenty years, from January*, 1819, *to January*, 1839.'—Washington: 1840. pp 346. [This work was prepared by Dr. SAMUEL FORRY under the official direction of Surgeon General THOMAS LAWSON.]
DENGUE. [The whole article is quoted here.] Synon. Dingee, Dunga, Dandy, Bouquet fever, Bucket fever, Rheumatis febrilis, Scarlatina rheumatica, Exanthesis arthrosia, Eruptive articular fever, Eruptive rheumatic fever. Some of the appellations given to this singular affection sufficiently indicate the difference of sentiment that has existed in regard to its nature. The origin of its popular name appears to have been derived from the English negroes of the island of St. Thomas, by whom it was called the 'Dandy Fever,' owing to the stiff affected gait induced in those laboring under it. When the disease occurred in Cuba, the word Dandy was corrupted, in Spanish pronunciation, into *Dunga* or *Dengue*, by which it was known in the Southern States.	EXTRACTS. Dengue 'is an eruptive fever of a distinct and specific character united with an inflammatory affection of the joints. Hence, one writer styles it *scarlatina rheumatica*; another, *exanthesis arthrosia*; and a third designates it an *eruptive articular*, or *rheumatic fever*. The vulgar appellation by which it became universally known, it received from the English negroes of St. Thomas. From the stiff affected gait induced in those laboring under it, it was called by them the '*dandy fever*;' and this term, when the disease invaded Cuba, was there corrupted in Spanish pronunciation, into *dunga* or *dengue*.'
The disease first made its appearance in the Caribbean Islands in the latter part of 1827, whence it spread over the West Indies, and, in the following year, to the southern coast of the United States. In the spring and autumn of that year, it appeared with severity in New Orleans, Pensacola, Savannah, Charleston, &c. At the close of the year 1828, it became gradually extinct, and has never since recurred. 'Like the *black death*, the *sweating sickness*, and *cholera asphyxia*, it soon disappeared, leaving behind naught save the terror of its name. Fortunately, however, its history, unlike these epidemics, was distinguished less by its fatality than mere suffering. In the annals of medicine, there is not perhaps recorded a disease so severe in its accession and duration, and so seldom leading to a fatal issue.'—(*Surgeon General Lawson's 'Statistical Report.'*)	'It made its first appearance, in the latter part of 1827, in the Caribbean Islands. Extending westward, it soon spread extensively over the West Indies, and appeared, by the next year, on the neighboring coast of the United States. In the spring and summer of this year, our southern ports, New Orleans, Pensacola, Savannah, Charleston, &c., suffered a severe visitation. * * * Towards the close of the year 1828, it suffered a gradual extinction; and, like the *black death*, the *sweating sickness*,' &c., (as quoted in the opposite column.)
Diagnosis.—The disease was generally ushered in by febrile symptoms of an inflammatory character, accompanied by a painful affection of the joints and muscles. On the second or third day, the fever declined, and with it the articular pain,—the attack terminating in a copious perspiration, occasionally attended with a rash or miliary eruption, which was esteemed, however, as only an incidental symptom. On the third or fourth day,—the fever having in the meantime intermitted,—more or less gastric disorder appeared, and on the fifth or sixth day, a cutaneous eruption, which resembled scarlatina more than measles, but no less confluent than either of those affections, and consisted of minute florid red papulæ, slightly elevated, and distributed in irregularly shaped patches, appearing first on the face and trunk, and spreading to the extremities. On the full development of the eruption, a second febrile exacerbation, with severe arthritic and muscular pains, occurred. After two or three days' duration, the eruption gradually disappeared with some desquamation of the cuticle. [This sentence is copied verbatim.] In some cases, the lymphatic ganglions	'It was generally ushered in by the usual manifestations of febrile diseases. Its accession was marked by a painful affection of the joints and muscles, attended by fever of the ordinary inflammatory type. The fever generally declined and disappeared on the second or third day, and the arthritic pains diminished in severity with the subsidence of the febrile exacerbation. The paroxysm terminated in an abundant perspiration, attended occasionally with a rash or miliary eruption, which, however, was regarded as an incidental symptom. * * * On the third or fourth day, the fever having generally intermitted, the tongue began to show a yellowish fur, and the stomach manifested considerable oppression, with nausea and sometimes vomiting These annoying symptoms, on the fifth or sixth day, were relieved by a cutaneous eruption. In the hue and aspect of the skin, it resembled scarlatina more than measles, but was less confluent than either of these affections. The eruptions consisted of minute papilæ of a florid red, slightly elevated, and distributed in irregularly shaped patches; and it appeared first on the face and trunk, and then

of the neck, groin, and axilla, remained swelled for a long period.	spread to the extremities. A second febrile exacerbation, attended with severe arthritic and muscular pains, supervened on the full development of the exanthem. After two or three days' duration, the eruption gradually disappeared, with some desquamation of the cuticle. In the neck, groin, and axilla, the lymphatic glands, in a good many cases, suffered inflammation and enlargement; and this condition of the glands, as well as the painful affection of the joints, often continued for weeks and months after convalescence.'
This disease has been by many classed among the exanthemata; but it would appear to partake of the nature of both eruptive and arthritic fevers. It scarcely ever proved fatal, unless when complicated with accidental morbid conditions. (*Surgeon-general Lawson, Dumaresq, Prof. Dickson, of Charleston*)	'It may be fairly classed among the exanthemata. It is an eruptive fever of a distinct and specific character, united with an inflammatory affection of the joints. It scarcely ever proved fatal, unless complicated with some incidental lesions.'
Causes —It appears to have attacked all conditions and both sexes; so as to give rise to the question, that always occurs in similar visitations,—whether its spread was owing to atmospheric causes or contagion? It is affirmed to have extended gradually from place to place, following the great routes of commercial intercourse, and not to have been influenced in its progress by season, locality, or atmospheric changes. (*Professor Dickson of Charleston*) The evidence, however, of its contagious nature has not been esteemed conclusive. (*Surgeon-general Lawson's* Statistical Report) One writer, who saw it at Cuba, was led to consider the specific cause of it and yellow fever to be the same, (*Osgood*;) another writer (*Waring*, of Savannah,) considers it to have been closely analogous to the 'breakbone fever' of 1826, and the epidemic fever of 1827, 'which last, like the breakbone fever of 1780, described by Rush, is a plain bilious remittent fever.' (*Army Statistical Report*)	'Neither age, sex, nor condition in life, was exempt from its invasion. * * Whilst one class of writers refers it to an epidemic constitution of the atmosphere, another maintains it to be a malady of a specific and contagious nature. In support of the latter position, it is stated that its career was uninfluenced by season, locality, or atmospheric change, and that its progression was gradual from place to place, following 'the great routes of commercial intercourse.' Professor Dickson is an advocate for its contagiousness; but all the evidence adduced is far from conclusive. Dr. Osgood, who saw the disease at Cuba, is strangely 'led to consider the specific cause of dengue, and that of the yellow fever to be the same'; and Dr. Waring, of Savannah, maintains its close analogy with the 'breakbone fever of 1826, and the epidemic fever of 1827,' which last, like the breakbone fever of 1780, as described by Rush, is a plain bilious remittent fever.'
Treatment —The lancet was generally found necessary during the inflammatory period; with cathartics and antiphlogistics generally. Anodynes were likewise required to allay the violence of the pain.	'To control the violence of the attack, the lancet was generally employed during the inflammatory stage. Cathartics and diaphoretics were almost universally prescribed. * * Anodynes, in the form of opium and pulvis Doveri, were generally resorted to with the most happy effect—a remedy loudly demanded by the pain and anguish of the sufferer.'

There now! Have we not here another 'admirable Crichton?'—

> 'Whose rare prosperity,
> Grace and dexterity,
> Courage, temerity,
> Shall, for a verity,
> Puzzle posterity!'

How modest! How unassuming! What originality! What patient research! What a teeming brain! Where, again we ask, can we find a worthy rival of *our* 'phenomenon?' *Arcades ambo!* No need have we to inquire—

> 'Quem virum, aut heroa, lyra, vel acri
> Tibia sumes celebrare?'

The names of DUNGLISON and BEDFORD will, in all time to come, resound with soothing euphony throughout all the pleasant land of science, and blooming fields of literature, and exert a magic influence only equalled by that of the tuneful sorcerer, who, of old, drew the listening oaks with his harmonious strings!

IDEM ET EYED-'EM!

[We have no hesitation in affixing the seal of our approbation, to this pleasant epistle, which comes from a rather original 'intimate' of ours, whose dislike of literary imposture cannot exceed that which we have been taught religiously to cherish. As there is at present no law, by which he who steals another's brains, can be sent to the Penitentiary, we will do all we can to put him in the pillory.—ED. LANCET.]

Stewart on Diseases of Children.

TO THE EDITOR OF THE LANCET.

MR. EDITOR:—

I perceive that the learned Editors of that starveling publication—the New York Medical Gazette—'congratulate' Dr Stewart on the favorable notice which his able work has received in the Medico-Chirurgical Review, and express the hope that their fellow-countrymen will *now* no longer hesitate to purchase it! They have perhaps forgotten that in their No. of September 15, 1841, they characterized it as a work containing 'much to invite criticism, and even to deserve censure,'—that in their No. of November 24, 1841, speaking of works on the Diseases of Children, they remarked, 'we would particularise, *as holding the highest place in our opinion*, the Treatise of Maunsell & Evanson; this is truly a capital book, *up to the times in pathology and diagnosis*, (*!!*) and besides full of good practical matter.' I shall not stop to point out the correctness of this opinion as to a work which is notoriously deficient in Pathology and Semeiology, but merely quote it to show the *quo animo*, which actuates the conductors of this journal, towards all who do not belong to their particular *clique*. To crown the injustice displayed towards our distinguished and accomplished fellow-townsman, in another No. of their Journal, and to sink the reputation of Dr. S. still lower in the opinion of the profession, they quoted half a sentence from a paragraph on the second page of the Preface, as follows:—'Anatomical investigations are of little use in ascertaining the nature of disease producing these alterations.' The whole sentence reads thus:—'Disorganization of structure is the evidence of the loss of vitality in the affected part; it is the consequence, not the essence of the disease; we should not, therefore, regard this condition as, *in every instance*, giving all the information we need, and as our sole guide in the treatment, but only as a mark of what has pre-existed, and which we are to consider as the disease. Anatomical investigations are of great value in detecting the changes which occur from diseased actions in the various tissues—to determine the nature of their alterations and their relations to the symptoms, but are of little use in ascertaining the nature of disease producing these alterations.'

This attempt to *misrepresent* the opinions of Dr. Stewart on this important point, has not yet been apologized or atoned for, but it is hoped that the returning sense of justice, of which symptoms appear in their last number, may yet induce the Editors to retract a charge, unsustained and unsustainable except by misquotation. As they have now endorsed the opinion of Dr. James Johnson that the work of Dr. Stewart's 'is the most complete and erudite treatise on the subject in the language,' I suppose we are to understand that they no longer give the preference to 'Evanson and Maunsell,' but retract their former opinion. Is it not a shame, Mr. Editor, that native Americans should not be willing to do their own countrymen justice, until compelled to do so, by the weightier judgment of foreigners? Doubtless, the Editors of the Gazette will be gratified to know that the work is already nearly out of print, and that a new edition, enlarged and amended, with many beautifully colored plates, will soon issue from the press.

Candidus.

[We can scarcely imagine any thing more contemptible than the conduct on which 'Candidus' so temperately animadverts. It was evidently dictated by the petty envy and still pettier spleen, which disfigure the characters of too many members of the profession; and which, in the present instance, are rendered doubly repulsive by the shallow, self-conceited assumption which accompanies them.—Ed. Lancet.]

The Pharmacopœia of the United States of America. By authority of the National Convention, held at Washington, A.D. 1840. Philadelphia: Grigg & Elliot, 9 North Front street. 1842. 8vo. pp. 279.

The history of the valuable and important work of which this is the third edition, is, we presume, known to our readers. The part in which the present Pharmacopœia differs from the preceding is in being exclusively in English—a procedure sanctioned by the recent publication of the French Codex and Edinburgh Pharmacopœia in the vernarcular language of the respective countries. Brief notes, explanatory of the readiest means of ascertaining the genuineness and purity of several articles and preparations have been judiciously introduced. A considerable change has also been made in the style of arranging the articles included under the head of Materia Medica; instead of two columns, one containing the officinal names and the other the necessary explanations, it has been thought more convenient to allow the Latin and English titles to form one line, which is followed by a brief statement, answering the purpose of a definition. The progressive improvement and discoveries in botany have given occasion to some changes in the reference of medicines to their native sources, and in a few instances have enabled the compilers to refer substances properly, the origin of which was previously unknown. The department allotted to 'Preparations' has undergone the most careful revision. We have pleasure in commending the volume to the universal notice of the profession.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, May 14, 1842.

Travellers abroad sometimes pick up very bad fashions. Thus we have known very sedate, quiet, prudent, and tolerably modest men, who, although for the greater part of their lives they had jogged along through this troublesome Baca with the most commendable and even quakerly sobriety, yet after sojourning a year or two amid the frivolities of Parisian life, have returned to their native abodes, metamorphosed into curious nondescript beings—half quakers, half Frenchmen, with a funny sprinkling of the Yankee; and minds in which a prudent regard for Benjamin Franklin's cardinal virtue, and the newly-born desire for extravagant display struggled hard for the mastery, which was, however, generally attained by the latter, the victory being celebrated in all kinds of brilliant revels, fancy balls, and all the elegant and refined amusements of modern fashionable society. But our business, at present, is with a practice which has recently been in this way imported amongst us, and which bids fair to make as short work with the character and dignity of our profession, as Dr. Bedford does with his literary victims.

We allude to the manner in which several of our brethren in this city, who have hitherto borne a high character for decency and respectability, have recently thought proper to advertise themselves in the public market. We confess that we have been inexpressibly grieved by such conduct. And we would be altogether unworthy of the place we occupy, were we to refrain from expressing that honest indignation, with which we, in common with the great mass of our professional brethren, view the puffing medical advertisements which have within the last few months, been published to the world. And is it come to this, that men of standing in the profession,—men who have already accumulated large fortunes by long and successful practice,—men who have not the shadow of an excuse for descending to the paltry arts of the common quack,—are yet found blurring and blotting all the lustre of a past honorable career, trampling on the rights of their brethren of all classes, and in the undisguised spirit of Iscariot, crucifying the dignity and honor of a godlike art, for the sake of gain! *O tempora! O mores!*

And are we—is the great body of the profession—to suffer such conduct to pass unnoticed and unreproved? No. And in the spirit of unaffected kindness, we would entreat our erring brethren to pause in their downward career. Let them repent before it be too late. Let them at once retrace their steps before they lose forever that elevated station which they have formerly maintained, and ere the evil influence of their example can extend itself, spreading disgrace and infamy throughout our common profession, and provoking the scorn and ridicule of the world. How, let us ask them, how would or should the memories of the HUNTERS, and the COOPERS, and the DENMANS, and the RUSHES, and the PHYSICS, be regarded, if with them were associated the dishonor of such actions? In what light would the names of these illustrious men, and their equally illustrious compeers of the day in which they lived, be received, if connected with such a document as this:—

> PRIVATE SURGICAL ASYLUM.
>
> BY SIR ASTLEY COOPER, BART., F. R. S.,
>
> *Sergeant Surgeon to the King, &c,*
>
> THE undersigned begs to inform his friends, the nobility, gentry, and public in general, that he has just opened a private Infirmary for the treatment of Surgical Diseases, where all operations within the range of the science, will be performed with the greatest dexterity, and on the most reasonable terms. Sir Astley Cooper thinks it scarely necessary to refer to the peculiar advantages offered at this establishment. The fact of his being connected with several of the metropolitan charities, and his experience and extensive practice, (being now employed in many of the families of the nobility,) will he trusts afford a sufficient guarantee that no imposition is attempted.
>
> N. B.—Herniæ reduced on new principles.
>
> ☞ Particular attention paid to Dislocations and Fractures;—abundance of Apparatus always ready. All new improvements as soon as introduced.
>
> ☞ Charges moderate.
>
> SIR ASTLEY COOPER, BART., F. R. S.,
> Sergeant Surgeon to his Majesty,
> Consulting Surgeon to Guy's Hospital,
> Lecturer on Anatomy and Surgery, &c. &c.

We do most sincerely trust that this imported fashion will not be suffered to gain a footing amongst us, but that it will meet the reception which it deserves. The gross inconsistency of their conduct, must be felt by the few who have adopted it, and we trust there still remains with them a sufficient remnant of ingenuous shame, and that it, if properly excited, will lead them to a speedy renunciation of the unhappy course which we have regarded it our duty to denounce. As we have repeatedly stated, our great object is the advancement of the true interests of our profession, and that we will pursue, utterly irrespective of the fear or favor of any man or set of men. We know that in this matter we are sustained by the great mass of our brethren, but if we stood alone, we would be equally free and pointed in the declaration of our sentiments, simply because we are conscious that we are right.

A meeting takes place this afternoon, at half past four o'clock, at the Lyceum of Natural History, 563 Broadway, which we expect a great majority of our professional brethren in the city will attend. The object contemplated by it, is one, in the zealous support of which all medical men can cordially unite, with whatever party or clique they may be connected, or whether, as is better, they belong to no 'set' at all. This object, is, the establishment of a Fund for the support of the widows and children of medical men, who may be left in destitute circumstances. The scheme has originated with several of the most worthy and distinguished members of the profession in this city, and the plan which they propose to adopt, is that of an Institution founded for the same benevolent purposes in London, and which has long been in successful operation.

We most earnestly invite our brethren to attend the meeting, and enter heart and soul into this undertaking, to promote the prosperity of which we will rejoice in being enabled to contribute in any degree.

THE MEDICO-CHIRURGICAL REPORTER.

Cliniques at the College of Physicians and Surgeons.

DR. PARKER'S

was very well attended, and the usual variety of interesting and important cases introduced.

DR. BULKLEY'S CLINIQUE.

Cases of *Eczema*, *Lichen*, *Psoriasis*, *Porrigo*, and *Scabies*, were exhibited, and their diagnosis and mode of treatment pointed out.

Dr. B. also exhibited a remarkable case of *Elephantiasis* of the left leg in a native of this State, and who has never been out of it, a painter by trade, between 40 and 50 years of age. The limb has reached an enormous size, and presents all the external marks of that striking and rare affection. Dr. B. remarked, however, that even this case, well marked as it now seemed to be, had doubtful claims to be considered as a genuine case of that disease, if we restrained it within the narrow limits to which its definition has been reduced by more modern researches. For, independently of the fact that this disease is endemic in tropical regions, and may perhaps be said *never* to originate in cold climates, it is still considered as an inflammation of the lymphatics primarily; whereas, in the present case, the origin of the disease can be unequivocally traced to an injury sustained by spraining the foot, and bruising, or probably lacerating the soft parts at the same time, ten years since, at a period, too, when the habits of the patient were decidedly intemperate. Inflammation ensued, which confined him to the bed three weeks, and from that time the leg gradually increased in size, until about three years ago, since which period it has remained about stationary. This, Dr. B. remarked, certainly differs from true elephantiasis, in which the first symptom of the disease is said to be severe pain in the track of the lymphatics, followed soon by a hard, tense, knotted cord, which can be felt along their course, and often giving rise to the enlargement of glands in the axilla or groin—these local symptoms then followed by general symptoms, and both local and general symptoms afterwards coming on in paroxysms. Dr. B. remarked that this view of the case would also seem to be countenanced by the fact that the right leg is now the seat of chronic eczema, and had shown a tendency to enlarge within a year or two past, and now exhibits considerable increase of size, with thickening and induration of the integuments, at the same time that the surface is the seat of true patches of excoriation, and the sweating and burning, and frequent oozing of serum, so often seen in eczema affecting the legs of those of intemperate habits. He therefore suggested whether even this enormous enlargement of the left leg may not be the result of chronic inflammation of the cellular and adipose tissue, which had its point of departure in the injury, either directly or through the medium of inflammation of the veins consequent on it, and the progress of which was favored by the irregular habits of the patient, and the dependant position of the part, from his having always continued his occupation. If so, it is analogous to the case exhibited at the last Clinique, and would rather be considered one of *accidental* elephantiasis. The indurated parts in this case have very little sensibility to pressure. The top of the foot is enormously enlarged, and is divided by a deep fissure into two large lobular masses, while the sole of the foot is natural in size, shape, feel, and color. It is not a little remarkable, that notwithstanding this heavy weight attached to his extremity, the patient pursues his occupation of house painter without interruption, and mounts a ladder almost with as much ease and agility as though his limbs were of the natural size. He still indulges in his frequent glass, though he says that he drinks beer and cider almost entirely, and has been much more moderate within two or three years past than before. The limb has never been the subject of systematic treatment, and has now, of course, got beyond the reach of remedial means.

Surgical Clinique of the Stuyvesant Institute Medical School.

DR. PATTISON'S

Clinique was entirely unworthy of notice.

FOR THE LANCET.

Epidemic Erysipelatous Fever described as occurring at Middlebury, in the Winters of 1825-6, and 1841-2.

COMMUNICATED BY J. A. ALLEN, M. D.

In the winter of 1825-6, erysipelas occurred in the form of an epidemy at Middlebury and vicinity. It proved most fatal among puerperal women. These soon after confinement were attacked with chills, followed by heat, thirst, and severe local symptoms of the abdomen, the pulse usually amounting to one hundred and thirty or forty beats a minute. With some it proved mortal in the course of twenty-four or forty-eight hours; others continued to live, most of the time very painfully, for a week or more.* In one instance, hydrophobic symptoms were decidedly manifest, several hours previously to her disease; the sight of water or the sound of it poured from one vessel into another, producing invariably a paroxysm of rabies. No evidence could be ascertained of the patient's having ever been bitten by a rabid animal.

During the winter of 1840-1, erysipelatous fever prevailed in this vicinity, at Crown Point, New York, and was fatal in many instances: considering the number of cases, however, it did not prove very mortal. It usually first manifested the local affection in the throat. When the *repercussion* invaded an internal or important organ it commonly proved fatal.

During the past winter it has again prevailed quite extensively, in Middlebury and vicinity. Instances of its occurrence can probably be found through the whole extent of the Lake Champlain valley. If we have not been misinformed, it has prevailed to a considerable extent at Moriah, and at Plattsburgh, on the New York side of the Lake. It would appear, also, if published accounts be correct, that it has been alarmingly rife and fatal in some parts of Canada; in several of our Western States, at Toledo in Ohio, especially, and at some places in Michigan, where it seems to be known as the *tongue-ail* or *black-tongue*. It is asserted also that horses and some other animals have been similarly affected.

These acknowledged facts being admitted, the conclusion follows, naturally, that there is a general effluecient cause which exerts a specific effect upon the human system, at least favorable to the production of the disorder. The essence of this cause is an unknown phenomenon, and will probably remain so till some fortunate investigator shall be able to discover the substance of malaria. The unknown something, on which the production of all epidemics depends, is doubtless atmospherical. It appears to be modified and rendered latent or active in the system, by innumerable and ever varying local circumstances. In this place the epidemic influence has been so great that there is hardly an individual that has not been indisposed, the past winter, in a greater or less degree. The mild cases have been merely a slight indisposition, usually resembling a catarrh with an affection of the throat. These symptoms, in the course of two or three days, have usually disappeared without any medication. In other instances these mild affections have been preludes to severe attacks. These have usually commenced with violent chills and rigors, followed by intense feverish heat, constant and deep seated pain in the head, and migratory pains in the back and limbs. The throat, although in some cases it had not excited the attention of the patient, has uniformly been found inflamed, and the tonsils swollen. This last affection has usually advanced rapidly, so that in a few hours deglutition could be performed only with extreme difficulty. The tongue, at this stage, has been considerably swollen—in one instance so enlarged as to fill the mouth and prevent the passage of any thing to the stomach. The surface of the mouth was generally, in bad cases, covered with aphthæ. In two instances this aphthous state obviously extended into the larynx and trachea. One proved fatal in about two days; the other recovered.

In the course of a day or two, the disorder of the throat and mouth has become mitigated or entirely gone, and proportionally as the original local affection diminished, the face, scalp, or side of the neck have become swollen, painful, hot and vesicated, assuming by this metastasis the unequivocal characteristics of erysipelas. This local affection has rarely remained any considerable time in one location. It has occasionally passed over the whole head, down the body, and terminated its migrations on the limbs. Sometimes its changes have been to the brain, the lungs, the liver, and abdominal viscera. Several cases have proved mortal from its location in the brain; in one, death was produced in the same manner as in hydrocephalus.

When the local affection has occurred in the lungs, there have been violent dyspnœa, and great distress or pain in the chest. The respiratory murmur has been much diminished, and unless the disease was speedily arrested the expectoration assumed a dark and grumous appearance, which the father of medicine might have re garded as 'purulent and putrid.'

In the abdomen, its location has been indicated by the severity of the pain and exquisite sensibility of the abdominal integuments, which soon became tense and distended. In short, the symptoms have in general been analogous to those manifested in puerperal peritonitis. In all these cases the pulse has been frequent and quick.

Occasionally the local complaint has seized the soles of the feet, ankles, or palms of the hands, and when thus located, much pain and distress have been experienced.

Petechial patches, on various parts of the surface, have been no uncommon occurrence. In some few cases, the whole cutaneous system has been covered with an efflorescence like rosalia simplex. These cases have been very mild, hardly requiring any medication.

The disorder has continued from one or two days to eight or nine, when convalescence or death has ensued, unless the complaint has been prolonged on account of an unfortunate location, in which case its duration has been uncertain, varying from two or three weeks to six.

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* On dissection, in two cases, an engorgement of the uterus was found to have taken place, and its inner surface in some portions sphacelated: the peritoneum, especially in the hypergastric region, was livid, and through its whole extent the capillaries were surcharged with blood.

In some cases, at the outset, the complaint has very closely mimicked rheumatism. One or two of the first cases which occurred were of this character, and proved fatal. In some cases, the specific character of the complaint has been rendered distinct by the appearance of numerous papulous eruptions, over the surface of the inflamed and swollen part affected. Recoveries, in this form of the disease, have usually been protracted and tedious.

Several *post mortem* examinations have been made, and in each instance engorgements, or capillary congestion, have been found in the tissue or organ on which the local affection had been manifested. In one case, which terminated with symptoms of compressed brain, in which the face and scalp had been very much swollen, the capillaries of the integuments of the head were surcharged with serum having a strong yellow tinge. The substance of the brain and its envelopes, although not so fully congested as might have been expected, presented unequivocal characteristics of hyperæmia or venous congestion.

In another case, which terminated with the local affection in the abdominal and thoracic viscera, subsequently to violent pyrexiæ and an affection of the pharynx and tonsils—which latter affection by repercussion located in these organs—on dissection, the liver was found to be enlarged and surcharged—the peritoneal coat of which was spread over, to a very considerable extent, with an adherent substance, closely resembling aphthæ of the mouth, in the last stages of phthisis pulmonalis. The gastrocolic epiploon, in particular, was remarkably surcharged with blood. This, as well as other parts over which the peritoneum is spread, presented a beautiful arborescent appearance, showing clearly the character of the disease, which thus enlarged those minute capillaries. Each of the lungs was engorged, and much resembled melanosis. This surcharge of these respiratory organs was evidently the immediate cause of death in this instance; and in another, in which the individual had for many years been in the habit of using freely intoxicating liquors, the lungs, by autopsy, presented the same state of congestion. The stomach, too, as usual in such cases, was of a diminished size, and the mucous coat considerably engorged, and about as livid as the representation given by Prof. Sewall, in his third plate of the first number of the 'Enquirer.'

Surgical Operations on Aged People.

TO THE EDITOR OF THE LANCET.

Sir:—

In the statistical account of the cases of amputation performed in the Pennsylvania Hospital, by G. W. Norris, M. D., as published in the 'American Journal of Medical Sciences,' Vol. XXII., the conclusion is unequivocally drawn, '*that the danger*' of amputation '*increases with the age of the individual operated on.*' And in Dr. Norris' subsequent report, in the 26th volume of the same medical journal, he repeats the same surgical aphorism, notwithstanding in summing up the results of eighty cases of amputations performed on seventy-nine individuals, he enumerates two cases which were upwards of fifty years of age that recovered, and none who died. There is, however, a discrepancy between his tabular report and his final conclusion. In the tabular account, three cases, whose ages are stated to have been sixty, sixty-two, and sixty-six, are reported '*cured*,' in the conclusion only two are mentioned.

Of the seventy-nine patients on whom amputations were performed during the ten years, it appears fifty-seven recovered and twenty-two died. No instance of death occurred in any patient over sixty years of age. It may then be asked how did Dr. Norris come to the conclusion '*that the danger increases with the age of the individual operated on?*' Certainly, from his report, there does not appear to be any premises from which such a deduction could have reasonably been inferred.

Of sixty-seven cases of amputations of the large limbs at the Massachusetts General Hospital, in eighteen years, only four instances are reported by my friend, Dr. Geo. Hayward, to have been more than fifty years of age. Of these, two were fifty-seven, one sixty, and one seventy-two years old. The man at sixty died; the other three recovered. In conclusion, Dr. H. remarks, 'there can be no doubt, I think, that the result is influenced very much not only by the age and constitution of the patient, and the disease and injury for which the operation is performed, but also by the period at which it is done.'[*] All this is readily admitted, and yet the inquiry is naturally suggested, at what age does Dr. H. consider amputation, or a capital surgical operation, most promising? In youth, middle, or old age? J. Hunter regarded full health unfavorable to the result of surgical operations. 'Disease,' he remarked, 'is a state of body which requires a medium. Health brooks disease ill, and full health. is often above par; persons in full health are too often at the full stretch of action, and cannot bear an increase, especially when diseased.'

This opinion, the correctness of which no experienced man will question, does, indeed, seem to favor the conclusion, that neither the active period of youth, nor the vigor of manhood, are the most favorable times in human existence for the successful event of important surgical operations. I would by no means advance the idea that *old age* is the most favorable period in human life for the display of feats in chirurgery; *but I am far from regarding it as the most unpromising period.* The statistics of surgery, so far as I have been enabled to examine the subject, in no instance show such to have been the unfortunate result. It is to be regretted that reports of public institutions, both in this country and in Europe, have been extremely deficient in this particular point. The common opinion appears to have prevailed, almost universally, without having been examined by facts, that the danger in such cases '*increases with the age of the individual operated on.*'

Occasionally cases have occurred, like the instance of CHIEF JUSTICE MARSHALL, which at least winked at the fallacy of the general conclusion, but they have been considered as exceptions rather than leading principles. My own experience has been unfavorable to the generally received idea that aged people bear the effects of important surgical operations with less impunity as they become advanced. The subjoined are of this class of patients, on whom I have operated:—

1. John Conn, Crown Point, N. Y., aged sixty years; July 18, 1823, was operated on for strangulated inguinal hernia; recovered.

2. Amasa Cook, Moriah, N. Y., aged sixty-four years; had an ulcer of thirty years standing; had become much reduced; leg amputated below the knee, July 10th, 1829; recovered, and became fleshy and hearty.

3. Amos Stimpson, of Essex county, N. Y., aged sixty years; had dry gangrene of the foot; leg amputated below the knee, June 30th, 1836; speedily recovered.

4. Gen. —— Whitney, Addison, Vt., aged eighty-one years; had a cancer on the hand; the thumb, first, and second fingers were destroyed, and the little and other finger hung pendent. His countenance was extremely hagard, and his whole frame much emaciated; but no scirrhus tumor could be detected in any other part. Arm am-

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[*] Vid. Am. Jour. Med. Sciences, Vol. XXVI.

putated above the elbow, May 15th, 1838; he is now (May 2d, 1842,) an active man, and appears not older than most men at sixty.

5. Muleph White, Orwell, aged seventy-seven years; had gangrene of the great toe and one or two of the other toes, accompanied with numerous livid and gangrenous spots on the foot and leg, below the knee, varying in size from an apparent flea-bite to that of a half a dollar piece. The dead flesh in some of these had separated and been removed, leaving deep and cone-like excavations. The large arteries in the lower portion of the limb, where examination could be made, were ossified. His leg was amputated above the knee, February 7th, 1839; he recovered, but slowly, under the judicious care of my friend, N. Gale, M. D.

6. Amos Symes, Lewis, Essex county, N. Y., aged sixty-five years; had ulceration of the cartilages of the knee-joint. His leg was removed above the knee, February 9th, 1839; his recovery was slow and tedious, but complete.

7. Joseph Stacy, Benson, Vt., had a cancerous ulcer on the back of the hand, which had been constantly enlarging, and his health had become much impaired; he was eighty years old; his arm was amputated above the elbow, December 27th, 1842; he has since recovered.

In conclusion, I would remark, that in my opinion, surgical operations performed on aged people, to arrest the destructive tendency of cancerous affections which immediately threaten life, are less apt to recur than they are at any other period. In other instances of either *occult* or *open* cancer, I would not advise their removal in very aged people. These affections progress under such circumstances very slowly; in these cases patients will ordinarily be cut off by some other disease before the cancer will terminate their existence. A lady, at about one hundred years, died from another cause, who had had an open cancer of the breast for more than thirty years. Several other cases of a similar character, though less protracted, have fallen under my observation.

I am, &c.

J. A. Allen, M. D.

Middlebury, Vt., May 3, 1842.

Comparative Advantages of Circular and Flap Amputations.

BY RUTHERFORD ALCOCK, ESQ.

[In a discussion in the Royal Medical and Chirurgical Society, on the results of amputations performed at the North London Hospital, Mr. Alcock makes the following practical remarks, which he illustrates most fully by cases recorded in his very valuable Lectures published in the London Lancet:—]

With respect to the occurrence of secondary hæmorrhage, he quite agreed with Mr. Liston that the oblique division of the femoral artery was not a matter of importance. But he was not sure that the oblique division of the smaller arteries had not some influence in bringing on or permitting that accident. He had often thought that in flap amputations, the small vessels retracted only partially, which, in circular amputations, would have retracted completely; or that the vessels in the former case were overlooked, which, in the latter, bleeding distinctly, would have been secured. Nothing, however, had convinced him more of the necessity of having accurate records of series of cases, and of not trusting to general impressions, than the results of amputations. In these questions, more than in any others, general impressions were apt to be erroneous, from the circumstance of the strength of the impression which single events, deemed at the time remarkable or important, make upon the mind. With respect to this very question of secondary hæmorrhage, for instance, he had himself gained a very wrong impression from two cases, which was not corrected till he had accurately ascertained the results of the whole series of those that had fallen under his observation. The two cases were these: In an epidemic from which the troops under his charge suffered at Vittoria, the legs in several cases became gangrenous, and required amputation. In the first two instances he amputated in each patient one leg by the flap, and the other by the circular operation; and in both these cases the flap operation was followed by secondary hæmorrhage; but after the circular none supervened. The circumstance made such an impression on him that he entertained no doubt that flap amputations were more obnoxious to secondary hæmorrhage than circular, till he came to sum up the results of all his cases, or, at least, of all those of which he had a regular and well-kept series. The result of this examination was, that in one hundred and fifteen cases, of which ninety were circular amputations, and twenty-five flap amputations, the proportion of secondary hæmorrhages was somewhat greater in the former than in the latter. In the second place, with regard to the liability to necrosis of the sawn bone in the two classes of cases, he did not think that any difference could be found between them: and it was the same with regard to the conical form of the stump, an event which he believed could only very rarely occur after either kind of amputation, if dexterously performed by a surgeon practised in the operation. As in the one hundred and fifteen cases alluded to it had occurred only twice, he could not draw any conclusion respecting its frequency in one or two other operation. With reference to the main question of the comparative mortalities of each mode of operation, he has found that his results were by a fraction disadvantageous to the flap amputations. He was not, therefore, prepared to agree in what was said to be the growing opinion, that this operation would in time completely supersede the other. It was true that the flap amputation was a more rapid mode of operating than the circular, and to this full weight must be allowed; for pain is in itself an absorbent of life, and is always followed by a re-action and a febrile disturbance, that may have an important influence on the recovery of the patient. At the same time he thought that the difference in this respect between the two modes of operation had been overrated. Eighty or ninety seconds were ordinarily sufficient for the performance of the circular operation; and if the flap amputation were done in fifty or sixty, the difference of the time during which the patient was in each exposed to pain, was really not so great that much importance could be attributed to it. It did not appear to him, therefore, that on this ground there could be any just reason for discarding the circular mode of operation. A more important point seemed to him to be involved in the question of the after treatment of the stump. There was nothing of which he was more certain than that the idea of the advantages of union by the first intention, which was so commonly held in this country, was greatly exaggerated, and he would go so far as to say that, in some cases, such a union was not only of no advantage, but was actually mischievous, and dangerous to the life of the patient. For patients, after immediate union of the wound, would often, as he had himself seen, die of the very diseases which were said to result from the wound remaining open. In a primary amputation, after an accident in a healthy man, it was no doubt most natural to desire that the wound should be healed as quickly as possible; and probably, in these cases, it was best to try to obtain a union by the first intention. But in secondary amputations, and in those performed for diseases of the limbs, when the incisions were made through diseased tissues, there was no use whatever, but, he believed, a disadvantage, in bringing them together. They would almost invariably open again, and place themselves in the position in which they had better have been left from the first. This was especially the case when limbs were amputated for diseases which had been connected with a considerable discharge. In all these it was dangerous to stop the discharge too suddenly, and it had been proposed to make an issue near the end of the stump, to keep up an artificial drain to replace that which has been cut off. But this method, he thought, would be very inconvenient, and such indeed as could scarcely be put in practice; another, which he had sometimes adopted, and which seemed to fulfil all the intention, consisted in passing a skein of silk through the lower part of the wound, and thus maintaining, for a time, a constant irritation and a discharge of matter which afterwards might be gradually reduced.—*Medical Gazette.*

New Method of Reduction for Dislocation of the Hip.

Two cases are reported in the 'Dublin Medical Press,' of September 1, 1841, and we regard the plan adopted as well worthy of trial.

Case 1.—J. M., aged 40, of slight make, and relaxed state of muscular system. The accident happened four hours before admission. The dislocation was on the dorsum of the ilium. Considering the relaxed state of the muscular system, it was thought that this might be a favorable case for trying the method of reduction proposed by M. Colombot. The patient was placed standing and instructed to bend the trunk forwards, so as to support the thorax on a table, the opposite edge of which he grasped with his hands. Mr. Williams now standing on the opposite side of the affected limb, bent the leg at a right angle with the thigh, grasping the dorsum of the foot with the right hand, while with the left hand placed at the upper and posterior part of the leg, he exerted a gentle and continued pressure, in which he was aided by the hand of an assistant, placed on his own, and at the same time attempted to dislodge the head of the bone, by directing the thigh somewhat forwards and inwards. After a short time the head of the femur was found to have descended so considerably on the dorsum of the ilium, that it was estimated to be nearly on a level with the acetabulum. The thigh was now suddenly rotated outward, but it was found that the dislocation was not reduced. This and a second similar attempt having failed, and as from the condition of the muscles, reduction in the ordinary way promised to be attended with little suffering to the patient, the lacs were applied, and extension being made to a very moderate amount, the dislocation was reduced with the utmost facility. Nothing subsequently occurred worthy of notice.

Case 2.—This was more successful. The patient, an athletic corn porter, dislocated the femur on the dorsum of the ilium five hours before admission. Immediately an attempt was made to reduce the dislocation, the lacs were applied in the usual way, and extension made by three powerful assistants, but it was found impossible to overcome the resistance of the muscles. About seven hours after the accident, Mr. Williams saw the patient, and resolved to again try M. Colombot's new method, which was done precisely as in the preceding case: the mode of extension already described, was persevered in for about three minutes, with the effect of causing a scarcely perceptible change in the situation of the head of the femur on the dorsum of the ilium: the limb was now rotated outwards, as in the preceding case, and the head of the fumer re-entered the acetabulum, with the characteristic and in this instance extraordinarily loud report.

The patient experienced scarcely any pain except at the moment when the reduction was effected on rotating the limb outwards. Immediately after the operation the symmetry of the limb was perfectly restored. From the second to the fourth day the dislocated limb was, by measurement, fully three-fourths of an inch longer than the opposite one, but this elongation disappeared by the 6th day, and on the 18th August, the patient, as regarded the accident, was prepared to leave the hospital, but remained to have a small encysted tumor removed from the back of his leg.

Acute Eczema.

Coglan, aged 50, was admitted into the St. Marylebone Infirmary August the 17th, suffering from acute eczema, which affected the whole surface of the body, not excepting even the hairy scalp. She stated that eight days before she became ill, that there were red blotches over her face and hands, and that they were accompanied by 'most dreadful' itching and great thirst; that up to that time she had suckled her child, but after two days she was obliged to give it up. When she was admitted the redness of the surface was very great; but here and there, especially on the face, the arms, and the neck, were covered with yellowish crusts. The irritation and feverish excitement were such as to prevent sleep, and to produce a good deal of exhaustion.

Wine and aromatic bark mixture, with chop diet, were exhibited, in the belief that the exhaustion was the pressing circumstance of her case. The irritation and delirium were aggravated by these means. When the patient was seen by Mr. Phillips, he ordered those means to be discontinued, and substituted for them milk diet, acid mixtures, and opium. In twenty-four hours the improvement in her condition was very remarkable.

By the 3d of September the yellow crusts covered much of the face, the neck, the arms, the back, and some parts of the legs; but the irritation was still very considerable. The opiates were continued at night, and the whole of the body was covered with pledgets of ung. plumbi, which afforded her great relief. These pledgets were smoothly laid on morning and evening; the irritation was much abated, and her recovery was very rapid. On the 12th of September she was discharged.

What is interesting in this case is not so much that the disease covered the whole body in eight days, though that is not a common occurrence, but that the irritation was so soon subdued by the application of the ung. plumbi comp. The first night of its employment was the first in which she had quiet comfortable sleep.

Mr. Phillips has frequently seen the good effect of a similar application to the legs, with a roller making equable pressure over it, when the irritation is very distressing; but he has more frequently used in those cases the cerat. plumbi compos. spread on porous paper, and cut into strips of two inches in breadth, and applied like strapping, and accompanied with equable pressure from a roller. Besides the soothing nature of these applications, the exclusion of air, which materially mitigates the irritation, and the support of a bandage, which prevents the development of œdema, and thus much lessens the difficulty of cure, it prevents the mischief of scratching, from which few persons can wholly refrain.—*Lond. Med. Gaz.*

Epistaxis.

In treating of this, Mr. Spencer Wells describes an apparatus of M. Martin St. Ange for plugging the nares.

It consists of a straight tube, four inches in length, widened into the form of a cone at the extremity, which is not to be engaged in the nose, and terminating at the other by a small perforated nipple. The widened extremity has two rings like a catheter, and a small cock at the distance of five lines. Beyond this a slide plays, which may be tightened at pleasure by a screw. For the extent of an inch from the other extremity, circular grooves are made, and a small bladder, formed of the cœcum of a sheep, is fixed on the grooved extremity by a firm ligature. To be still more sure that the bladder may not be thrown off from the tube, it is connected by a thread with one of the rings at the handle. The bladder, being softened and folded around the tube, is introduced towards the pharynx, and filled with air or water by injection, which is retained by turning the cock. Slight traction is then employed to draw the small balloon closely against the posterior aperture of the nares. A piece of linen is placed in the orifice of the nares, on to which the screw is to be advanced, and the instrument fixed by its pressure. The whole apparatus can be withdrawn at will by opening the cock, when the bladder, more or less empty, brings forwards the clots contained in the nose.

We should apprehend that, to be efficient, this instrument would make inconvenient pressure on the anterior aperture of the nares. This perhaps might be obviated by an oval plate applied against the aperture and embracing the instrument. But the common means of plugging usually answer very well, and tools ought not to be unnecessarily introduced into the surgical chest.—*Med. Chir. Rev.*

Catoptrical Exploration of the Lens.

BY DR. WATSON.

This mode of exploring the eye, first invented by Professor Purkinje, of Breslaw, has come into general notice only since M. Sanson published his clinical observations on the subject. 'The young practitioner ought never to pronounce absolutely even on the existence of cataract without dilating the pupil by *belladonna*, and examining the eye *catoptrically ;* and the most experienced may derive advantage from exposing in this way the whole field of the disease to view, and testing the state of the crystalline.'

If a lighted candle be held before the pupil of a sound eye, three reflected images of it are seen situated one behind the other. Of these the anterior and posterior are erect, the middle one inverted. The anterior is the brightest and most distinct, the posterior the least so. The middle one is the smallest.

If the candle be moved, the two erect images follow it ; but the inverted image moves in the opposite direction, though not so quickly and extensively as the other two.

The anterior erect image is produced by the cornea ; the posterior, by the anterior surface of the lens ; and the middle or inverted image is from the posterior surface.

If the whole crystalline body be opaque, no image but the anterior erect one from the cornea is seen. This is of course the case also if the anterior part alone be opaque ; but if it is the centre or the posterior part only which is opaque, the two erect images are seen, but the middle or inverted one is not.

To apply this catoptrical method to assist the diagnosis of cataract, when the ordinary mode of examination may not have cleared away all doubt, 'the observer and the patient should be placed in moderate day-light ; the patient's back is to be turned towards the window ; he should be seated, so that the observer may look rather down into the eye than upwards ; and a candle is to be used which burns steadily, and does not blaze much.

Cataract, even at an early stage, obliterates the inverted image, and renders the deep erect one very indistinct. Glaucoma, only when much advanced, obliterates the inverted image, while, in all its stages, it renders the deep erect one more evident than it is in the healthy eye.'

Dr. Mackenzie has found that in glaucoma, at a middle stage, the inverted image is pretty distinct, when formed near the edge of the crystalline ; but if the candle be brought in front of the eye, the inverted image is less distince, and in some cases is altogether extinguished. This extinction of the inverted image is owing to a loss of transparency in the kernel of the lens which, in glaucoma, Dr. M. has found, suffers a peculiar degeneration, characterized by dryness of substance, and a reddish brown color.

In incipient lenticular cataract the inverted image, though changed neither in color nor in size, is indistinct, and its outline as if washed off. It is extinguished long before the cataract is fully developed—a fact of the greatest importance, Dr. M. remarks, in the diagnosis betwixt glaucoma and cataract, because in lenticular cataract, it is not the kernel of the lens, but the superficial laminæ, which are first affected, so that the formation of the inverted image by any part of the posterior surface of the crystalline body is prevented.

'In capsulo-lenticular cataract, the inverted image fades much sooner than in mere lenticular cataract ; and even when the capsule, or the superficial substance of the lens, seems to be alone opaque, the inverted image disappears much sooner than we should expect from the apparently moderate degree of opacity.

'In lenticular cataract, there is merely a general reflection, but no distinct image, from the anterior surface of the crystalline body.

'If the lens is not in its place, but has been absorbed in consequence of an injury, been removed by an operation, or fallen down into a dissolved vitreous humor, neither inverted nor deep erect image is formed.

'In the diagnosis of incipient cataract and incipient amaurosis, the catoptrical test is perfectly decisive ; for in amaurosis, uncombined with glaucoma, the three images are always distinct, while in even the early stage of cataract, the inverted image is obscure. The diagnosis of incipient cataract and incipient glaucoma requires the catoptrical test to be familiar to the observer, else he may not be able to distinguish, that when the candle is held in the axis of the eye, the inverted image is indistinct in both diseases, but whenever it is moved to one side, it becomes distinct in glaucoma, and remains obscure in cataract.'—*Medico-Chirurgical Review.*

THE COLLATERAL SCIENCES.

Formation of Bone.

BY M. FLOURENS.

[M. Flourens read before the Académie des Sciences, a highly interesting memoir on this subject ; the whole paper is well worthy a careful perusal. The following are the conclusions at which he has arrived from numerous experiments.]

1st. Destruction of the medullary membrane of a bone is followed first by death of the bone, then by the formation of a new medullary membrane, and lastly of a new bone.

2d. The new bone is formed between the new medullary membrane, and the periosteum.

3d. The new medullary membrane, and the periosteum form at first one, and the same membrane, thick and divisible into several layers.

4th. The new medullary membrane at first united to the periosteum, gradually becomes separated from it, the new bone being formed between them.

5th. The tissue of the new medullary membrane at first thick, and fibrous, like the periosteum (which is also then thickened) assumes gradually a texture finer and more delicate, till it resembles perfectly the primitive membrane.

6th. The internal face of the medullary membrane then formed, gradually eats away the old bone and finishes by absorbing it.

[M. Flourens instituted other experiments to demonstrate these phenomena still more clearly, and to determine their succession and progress; these results follow:—]

1st. When the medullary membrane has been destroyed, the periosteum, without having been touched, becomes thickened and tumified.

2d. There forms on the external face of the old bone a cartilaginous layer.

3d. This cartilaginous layer emanates from the periosteum, and cannot be detached from it, without laceration.

4th. This layer is the first germ of the new bone.

[In these cases the medullary membrane had been destroyed. He now destroyed the entire periosteum. The result was:—]

A new bone was formed in contact with the medullary membrane within the old bone. When the external periosteum has been destroyed, the internal periosteum or medullary membrane replaces it to a certain point in the reproduction of bone.

[Other general results:—]

1st. There is in all bones an apparatus of formation, which is the periosteum.

2d. There is an apparatus of resorption, which resides in the medullary membrane.

3d. The medullary membrane is a continuation of the periosteum.—*Gazette Medicale.*

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Interesting Statistics of Vaccination.

The full benefits of vaccinations are not to be found by seeking for them indiscriminately among the inhabitants of large cities, who are constantly exposed to the numerous causes which produce failure in the progress of the vaccine vesicle, but among those who enjoy all the benefits of professional skill, not only in the 'selection of proper virus, but also in ascertaining the proper development of the constitutional symptoms. We might, therefore, expect to find it in its most perfect state where these requisites are enforced, as in public institutions, and wherever the necessary measures are fully adopted. The following are a few of the results obtained from these sources:—

In the different institutions for the reception of children, the greatest care is bestowed on the details of vaccination, and it is under such circumstances that we are to look for the full results of this important preventive measure, up to the age of fourteen years, the average period at which children are discharged.

In the Orphan Asylum of Charleston, S. C., which in the year 1829 contained one hundred and fifty children, not a single case of small-pox or varioloid occurred during the prevalence of that disease, although no additional restriction was imposed on their intercourse with the citizens.

The aggregate number of children received into the different Orphan Asylums of Philadelphia since their establishment to the year 1841 is 1,009, and among the whole there has been but one death from small-pox; this occurred some years since, out of sixty-five cases of the disease. The children were carefully examined, both with reference to the virulence of the affection, and to their condition at the time of the attack. Ten were without the usual cicatrix left by the vaccine vesicle, and the child that died was one of the number destitute of this mark.

In the city of New York, the total number received in all the Orphan Asylums is 2,384; and although the small-pox appeared in two or three of them, yet it was in a greatly modified form, and no deaths have occurred from this cause. A similar result is obtained, also from the House of Refuge, which exhibits an aggregate number of 2,657 children, received during sixteen years. The whole number, therefore, that have been inmates of these various institutions in the city of New York is 5,041, and not a single death from small-pox has at any time occurred.

Baltimore, also presents the like return out of 3,500 children that have been for several years in the Alms-house and different Orphan Asylums of that city

The entire number of children, therefore, that have been under the care of the above-mentioned institutions since their establishment is 9,550, and but one death has occurred from small-pox in the course of thirty years; and this one it is fair to presume had not been vaccinated, as no mark of this operation was found after the most careful examination.

The results of vaccination thus ascertained cannot be followed after the children have left these institutions, but up to that time the benefits may be learned by comparing with them the effects of small-pox before the introduction of vaccination, its ravages being principally among the young.—*Stewart's Practical Treatise on Diseases of Children.*

It may be thought a little out of our way to notice works of general science or art; but we have been so much gratified by inspecting a number of photographic likenesses taken by the Daguerreotype process, by Mr. Van Loan, of this city, that we are tempted to refer to them here. They are certainly the most exquisite things of the kind we have ever seen—so vastly superior, indeed, that those who have seen only the common specimens of this almost miraculous art, can have no conception of their beauty. Mr. Van Loan's curious apparatus is erected in the Granite Building, corner of Broadway and Chambers street, and is in itself worth the examination of those who feel any interest in this department of modern art.

To Correspondents.

The short extracts sent by 'H.' are very acceptable. We will cheerfully receive others of a similar nature.

Several papers will appear in due season.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending May 7, 1842.

37 Men, 43 Women, 43 Boys, 28 Girls. Total, 151.

DISEASES.

Apoplexy	2	Intemperance	0
Asthma	0	Inflammation	1
Asphyxia	3	Of liver	4
Abscess	1	Of bladder	0
Aneurism	1	Of brain	8
Bleeding	1	Of stomach	1
Bleeding from stomach	0	Of chest	5
Bleeding from lungs	0	Of lungs	8
Burned or scalded	0	Of bowels	8
Casualties	2	Of throat	0
Cholera infantum	0	Of womb	0
Cholera morbus	0	Insanity	0
Cancer	0	Jaundice	1
Consumption	18	Killed or murdered	0
Convulsions	12	Lues Venera	0
Croup or hives	0	Mortification	2
Debility	0	Malformation	0
Delirium tremens	1	Marasmus	8
Diabetes	0	Measles	0
Diarrhœa	1	Old age	4
Death from poison	0	Organic disease of heart	1
Dropsy	2	Palsy	0
Dropsy in head	8	Rupture	0
Dropsy in the chest	1	Rheumatism	1
Drowned	3	Spinal disease	0
Dysentery	0	Suicide	1
Erysipelas	4	Sprue	0
Epilepsy	1	Small-pox	5
Fever	2	Scrofula	2
Scarlet	7	Teething	2
Typhoid	10	Tumor	0
Puerperal	3	Unknown	0
Remittent	0	Ulceration of throat	0
Bilious	0	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	5
Hip Disease	0	Worms	0

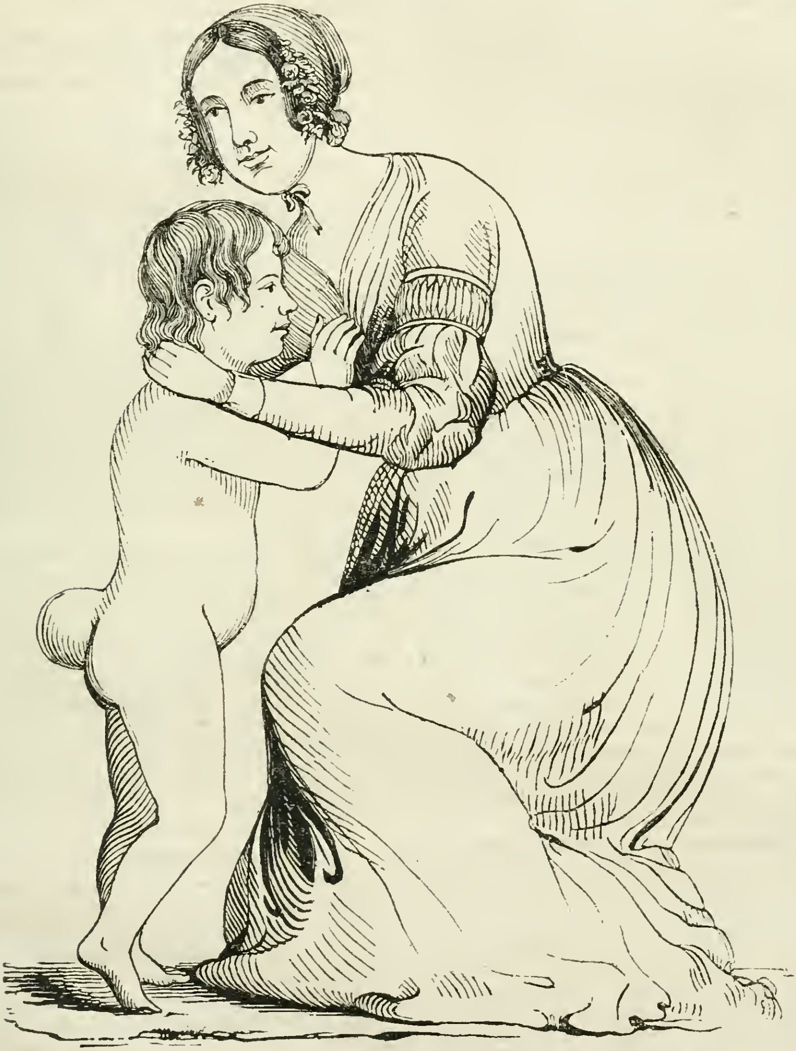
WILLIAM A. WALTERS, City Inspector.

City Inspector's Office, May 7, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, MAY 21, 1842. No. 21.



DR. A. E. HOSACK'S CASE OF CONGENITAL TUMOR.

DRAWN AND ENGRAVED FOR THE LANCET.

REMARKS UPON CONGENITAL TUMORS, WITH CASES.

BY ALEXANDER E. HOSACK, M. D.

The following case, of which the accompanying drawing is an illustration, is one of considerable interest. About two years since, I was requested by my friend Dr. Graham, to examine a tumor situated upon the sacrum of an infant aged four months. The child was of a robust and healthy constitution. The tumor was a little larger than a dollar, semi-globular, spongy to the touch, and highly florid. It occupied the whole of the posterior part of the sacrum, to which it was attached by a large base, extending quite down to within half an inch of the anus. Hardened substances, resembling cartilage, could be detected entering into its formation, and spasmodic contractions, similar to those of muscular fibres, were at all times to be observed upon its surface; indeed these contractions were so regular as to be readily mistaken for the pulsation of arteries.

From this circumstance, as well as from the highly organized appearance of the tumor, I was at first induced to believe, as were several of my professional friends who saw the case with me, that the disease was of the erectile species.

Under such an obscure state of things, I preferred waiting until time should elucidate the true character of the tumor, and the child attain to sufficient growth to enable me to explore the rectum, so as to distinctly ascertain whether any connection existed between the tumor and the viscera of the pelvis. During this interval the little patient enjoyed comparatively excellent health. The tumor continued to increase in the same ratio as the growth of the child, which had now reached its nineteenth month.

The reasons for deferring the operation no longer existing, and it being definitely settled by the progress of the disease that it was not of the aneurismal character, and it also being determined that no communication existed between the tumor and the rectum, I decided upon its removal without further delay.

Aware of the difficulty and danger attending all operations upon children, I prepared myself for exigencies, and assisted by Drs. Rogers, Wilkes, Carnochan, and in the presence of my friends Drs. Graham and Foster, I commenced the operation by an elliptic incision, parallel to the spinal column; I then proceeded to detach the integument on either side, which was found to be firmly adherent. Having circumscribed the diseased mass, I continued the dissection at its base until it was wholly severed. After its removal I discovered that the posterior bony wall of the sacrum was deficient, owing in all probability to the continued pressure of the tumor. In consequence of which defect, the membranous structure beneath acquired quite a bulging appearance, and which might possibly have been mistaken for disease, but for the glossy surface which it presented.

A considerable amount of blood was lost during the operation in consequence of the many arteries required to be tied, amounting in all to between thirty-five and forty.

The wound healed kindly in the usual time; since then (now two years and upwards) the patient has enjoyed excellent health, and experiences no inconvenience from the want of the bony shield of the posterior part of the sacrum; the cicatrix having formed a good substitute for that deficiency.

Upon an examination of the tumor after its removal, it was found to be of a fibro-encysted character, made up of many cysts, filled with a cheesy matter. Some of the cysts contained hair. The tumor before the operation measured as follows:—Its greatest circumference, *eleven inches one eighth;* at its base, *ten inches;* its longest diameter, *six inches.*

—

Congenital tumors may be divided into three classes—

Firstly. Those exclusively congenital, such as Nævi Materni, Spina Bifida, and Hernia situated between the tunica albuginea and vaginalis testis.

Secondly. Those of a heterogeneous mass, incorporating in their structure isolated portions of determinate animal organs, bearing different proportions to each other; but which, as a whole, may properly be considered as belonging to the class of Parasitic Monsters.(*a*)

Thirdly. Those occasionally congenital, but for the most part occurring in mature life, such as *Hydrocele, Encysted Tumor,*(*b*) *Medullary Sarcoma,*(*c*) and *Elephantiasis.*(*d*)

NOTES.

(*a*) A singular instance of this kind of tumor is reported by M. Velpeau, as having been removed from the scrotum of an adult, wherein several distinct bones of the fœtus were to be recognized. I witnessed an interesting operation for the removal of a tumor similar in character to the above. It occurred in the practice of my father and the late Dr. R. S. Kissam, of New York. The patient was a married woman twenty-eight years old. The tumor was situated between the rectum and the vagina; it was of the size of an orange, and could be distinctly felt through either of the two passages. The patient being with child, and having arrived at her full time, was taken in labor, which however was rendered ineffectual in consequence of the tumor occupying so much of the *pelvic space,* making its removal indispensable. This being determined upon, it was effected without much difficulty; immediately after she was delivered of a full grown and perfectly formed child.

(*b*) My friend Dr. Gray related to me a case of an enormous congenital encysted tumor, which materially interfered with parturition, making it necessary to resort to instruments. As the particulars of the case will in due time be published in this journal, a further account of it here is rendered unnecessary.

(*c*) I once saw an extensive congenital tumor of the medullary sarcoma involving the shoulder joint. The patient was attended by Dr. Bushe.

(*d*) An interesting specimen of congenital elephantiasis of one leg, nearly if not quite as large round as the child's body, is now in the possession of my friend Prof. Armsby, of the Albany College.

Ophthalmic Diseases in Vienna.

Cataract and amaurosis are diseases of very frequent occurrence in Vienna, as also arthritic affections of the eyes, particularly arthritis iritis, whereas the syphilitic form of that disease is very rare in comparison with other countries, but especially in Great Britain, only three cases of it having presented in the Josephinum Eye Clinique in the last year. During the warm season, severe ophthalmias predominate more than with us, and many of them run rapidly into the purulent, or even the Egyptian form, particularly among the soldiery. The hot winds laden with quantities of fine dust, very similar to that in Egypt and other parts of the Levant, which prevail during the summer months, and are so annoying upon the Glacis and in the Vorstadt of this great city, are, no doubt, a fruitful source of ophthalmia to the Viennese. Chronic keratitis, the *pannus* of continental writers, is also very common here, and has received of late years much attention from the German oculists.—*Mr. Wilde on Opthalmic Surgery in Vienna.*

LECTURES.

A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.
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Delivered at the College of Physicians and Surgeons New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture VIII.

Pericarditis: its morbid anatomy—Causes—Two forms, the sub-acute and acute—Symptoms of the sub-acute form—Of the acute form.

GENTLEMEN :—

We are to-day to consider the subject of pericarditis. The principal inflammatory affections of the heart are those which have their seat in the external and internal lining membranes of the organ. There has been described a form of disease called *carditis*. But this is an exceedingly rare disease, so much so that its history is not yet known accurately. There are cases on record in which the substance of the heart was softer and redder than natural, and infiltrated with pus. That I would call a case of general carditis. But most frequently the disease is circumscribed, and gives evidence of its existence by the formation of an abscess. Sometimes we find abscesses which may open either internally into the cavities of the heart, or externally into the pericardium. In the former case, we have the foundation of an aneurism. I have seen one specimen only of this; and have never yet seen an instance of suppuration opening externally into the pericardium. Yesterday I described a form of disease called 'softening of the heart,' and this is sometimes accompanied by a change of color, the heart being more livid than natural, or of a brownish red hue, and again it may be paler than natural. Now you may confound this with inflammation, with which I believe it is not at all connected. It is usually found in connection with chronic affections, which have terminated after a very long duration, and in which the patients have been reduced to an extremely debilitated state; and is precisely analagous to that softening of the brain which is not unfrequently found in old persons, and which Rostan describes so admirably, in his work on that subject.

The pericardium belongs, you know, to the class of serous membranes. It covers completely the heart; and is reflected over the origin of the great vessels. The fibrous coat is not a sac like the former, but merely a sheet spread out over the surface of the heart. It is not the seat of any particular disease. It serves to connect the heart with the surrounding parts, being connected below to the tendon of the diaphragm, on each side with the pleura, and above is reflected and lost on the great vessels. Some have described this fibrous sheet as being a prolongation of the deep cervical fascia. Godman, for instance, a distinguished anatomist of this country, has so described it, and been followed by a few European authors, but this opinion has not obtained since his time. Now the serous membrane is subject to the same diseases as other membranes of the same class, and especially to inflammation. When so affected, the ordinary phenomena of inflammatory disease are presented, modified of course by the peculiar structure and functions of the part. As you are aware, there are two results which follow inflammation of serous membranes—one is, the effusion of serum into the cavity of the membrane,—the other, is the effusion of coagulable lymph. These are the two common and almost universal results of inflammation of a serous membrane. In mild cases the serous effusion very much predominates, in more severe cases the lymph is effused in greater quantity. When you examine the membrane, in such cases, you will find that it presents very nearly or quite its natural appearance. It has been thought by some that the membrane was thickened and opaque. I believe it is, in such cases, opaque, but I cannot say that it is thickened. The thickening is rather apparent than real. The membrane will be found more or less vascular. You will find it studded over with red points or lines, which never appear in the natural condition. Sometimes these points are large enough to constitute spots. Mr. Hodgkin has said that the spots, when seated in the serous membrane itself, are of a stellated form. I have not been able to confirm this opinion by my own observation. In fact, the spots are in the sub-serous cellular tissue. The spotted appearance is in part a post-mortem change. In some cases the redness is found to be universal, and no doubt existed so during life, but after death the redness fades away into these spots. In addition to the redness of the sub-serous cellular tissue, we have other changes; and first, we have effusion of serum into the cavity of the pericardium; and, as I remarked, this is an evidence of mild inflammation, and is the result of an effort on the part of the vessels to relieve themselves of the unusual quantity of blood which they contain. The quantity of serum effused is usually considerable. It varies from one to four pints, so you perceive the accumulation must be considerable. The serum is itself transparent, but sometimes it is colored by blood, which is in some instances mingled with it in sufficient quantity only to tinge it, but in other cases so much so as to give it quite a bloody aspect. In addition to this serous effusion, you have in almost all cases, an effusion of coagulable lymph, which is mixed with the serum, in little flakes, opaque, and sometimes extremely minute, which give the effusion very much the appearance of common meal gruel. If permitted to remain for some time in a vessel, the effused fluid is found separated into two portions—the serum, which becomes transparent, and the coagulable lymph. Most frequently, indeed, we might say in almost every case, the lymph is found covering the whole surface of the heart, for in nine cases out of every ten, pericarditis is not partial but general. We find the lymph. then, in a layer more or less thick. In some cases this layer is very thin, in others, three or four lines in thickness. Again, the surface of the membrane, in these circumstances, presents a very peculiar appearance. It is unusually rough, and this is produced, as you can readily imagine, by the friction of the two false membranes on each other. This peculiar appearance has been compared by some to the tongue of a cat, and the comparison is very felicitous indeed. Here is a specimen—[the specimen was handed round the class.] Again, it has been compared to what would be produced by taking two plates covered with butter, sticking them together and then separating them. This appearance may also sometimes be properly compared to that of a ripe pine-apple, which it resembles as much as any thing I have seen; the shape of the heart is, you know, something like that of this fruit, and when covered by this thick yellow coat, the resemblance is very close. These false membranes are, generally speaking, composed of two distinct layers, of which the lower is the most dense and firmly adherent to the pericardium itself, and the superior more spongy, and it is this which gives to the membrane that rough external appearance which I have just described.

Now the subsequent changes which take place, are very peculiar and important, and very necessary to be understood; ordinarily the effusion of serum is first gradually absorbed, and afterwards the lymph. But in other cases the coagulable lymph is not absorbed, but undergoes the same changes which it is found to pass through in other situations. If you examine it in such cases, you will find that vessels are shooting into it. At all events the false membranes become organized and endowed with life, and undergo a succession of changes analagous to the changes which we notice in other serous membranes. In the first place we have this coagulable lymph gradually changed into what resembles cellular tissue; then this is changed again into what resembles very nearly the fibrous tissue; then it may become cartilaginous; and lastly, we may have it converted into bone. In some cases, we find thin plates of considerable size in these false membranes, and in others the ossific deposit is found much more extensive. In the case of an old gentleman, whose heart I examined a year or two ago, I found the pericardial sac converted completely into a bony case. [This specimen,—a very unique and beautiful one,—was handed round.] In cases where the disease is essentially chronic—by which I mean those which commence in an insidious manner, and are not marked by any acute symptoms,—there is a great preponderance of serum, and very little coagulable lymph, and usually the sac is enormously distended with the serum, which contains only a few shreds of lymph, just enough to identify the case. The membrane itself merely looks thicker and more opaque than natural. In some cases we have an effusion of pus into the pericardium. A case, entirely latent, in which this occurred, is recorded. Again, in some cases, but they are rare, we have no effusion at all. These are exceptions to the general rule. In such cases, if you put your hand on the surface of the pericardium, instead of the usual appearance, you will find that it has a 'sticky feel,' very much like that of fish when partially dried, and to which the French have applied the term *poissoneux*. These cases are, however, extremely rare, and need scarcely be taken into account.

Now, what are the causes of this inflammation of the pericardial sac? We are obliged, in a great majority of cases, to confess that the causes are quite unknown. In general, the causes of disease are merely matter of speculation, and have not been discovered with any thing like precision, and this is particularly true with regard to the causes in inflammation. In some cases, but by no means in the majority, the exciting cause would seem to have been exposure to cold. Mental emotions, it is known, have produced pericarditis. But these bear but a small proportion to the whole number of cases. The great exciting cause of this affection, which I wish you particularly to study, is rheumatism. In speaking of the causes of enlargement of the heart, I remarked that many cases dated their commencement from an attack of this disease. In seventy-two cases of rheumatism this complication existed sixteen times. It becomes exceedingly important then to study this part of the subject.

In some cases pericarditis is extremely acute, and ends fatally in a few days. In other cases, it is very chronic, and usually terminates in restoration to health after a duration of a few weeks. The first may be called the *acute*, and the second the *sub-acute* form of the disease. Sub-acute pericarditis, the most common form, is not usually ushered in by any symptom indicative of an attack of severe disease. The patient complains of lassitude, but if dependent on labor for support, continues his occupation for several days. It is seldom ushered in by a chill, which commonly, you know, marks the advent of inflammation. There is usually more or less dyspnœa, and sense of oppression about the chest. The pulse is accelerated, with pain in the precordial region,—there is considerable fever, loss of appetite, and that general assemblage of symptoms which accompany mild inflammation of important organs. When we come to examine the case minutely, we find evidence that the inflammation has its seat about the region of the heart. In the first place, the pain is situated in the precordial region, although it occasionally happens that in this affection, as in pleurisy, the pain is at first 'wandering.' I have seen the pain in both these affections, in some cases commencing quite low down in the abdomen, and remaining there for a day or two, and finally fastening on the pleura or precordial region. The pain is increased by coughing, by taking a full inspiration, by pressure, and above all, by palpitation and by lying on the left side. It is to be remarked, that often in pericarditis there is a short dry cough, produced no doubt by irritation of the neighboring bronchi. Palpitation is also a prominent symptom. In other acute affections of the chest, the pain is not increased by palpitation, but in this affection, if the heart becomes excited from any cause, the pain becomes greatly aggravated and excruciating. The pulse, although accelerated, is often regular. When now you come to examine the precordial region, to which your attention will, of course, be drawn by the pain there, you will find an assemblage of symptoms which indicate, with great accuracy, the form of disease under which the patient labors.

Allow me to remark that a knowledge of this disease is comparatively new. Until the publication of Louis' Memoir in 1824, it was not commonly recognized even by the best practitioners. Baillie, Fordyce, had mentioned the disease, but it had generally been noticed by them only after the death of the patients. Laennec also confesses that in the majority of cases he was unable to detect its existence during the life of the patient, and discovered in his post-mortem examinations evidences which he never expected. So you may perceive distinctly, that till the period referred to, this disease had escaped the notice even of the best observers. Since the publication of Louis' Memoir, however, many have followed in his footsteps very closely and accurately, and we can now recognize pericarditis as easily as we can pleurisy or pneumonia.

Now what would you expect to find in a case of pericarditis? Reflect for a moment, and you can at once answer. What have we in such a case? A copious effusion of serum in the sac, mixed with a greater or smaller quantity of coagulable lymph. What is the necessary result of this state of things? In the first place, the lungs are crowded back from the precordial region, instead of coming forward and covering the region of the heart, as they naturally do. Increased flatness over the precordial region, marked dulness on percussion, and absence of the respiratory murmur, with a dilatation of the precordial region from pressure of the effused fluid, are of course produced. Besides these symptoms, there are others quite characteristic and conclusive. On placing the hand over the region of the heart, we find that although the heart is acting with greater force than in a state of health, yet it cannot be felt—the effused fluid has pushed the heart back towards the spine, so as to prevent the impulse of the apex from being felt. And we also find precisely what we would expect, that the sounds of the heart are distant and feeble. For the same cause which renders the impulse of the heart indistinct, renders the sounds feeble and obscure. There is an intermediate layer of fluid interposed, and the sounds, therefore, lose their distinctive character, and are not so readily distinguished.

Examine such cases from day to day, and you notice a progressive change of the symptoms. It is seldom that the sub-acute form of this disease is fatal, if treated with any kind of skill or propriety. Well, we find the symptoms gradually abate—the palpitation, dyspnœa, and pain subside; the pulse becomes more regular and slow; the appetite returns; and all the inflammatory symptoms gradually disappear. But you also notice corresponding changes in the physical condition of the heart.

The gradual absorption of the fluid is indicated by the diminution of the flatness over the precordial region, and the return of the respiratory murmur, by a decrease of the dilatation in that part of the chest, and also by a return of the distinctness of the sounds of the heart, which become more superficial and a little higher, for I think the heart is always carried up a little in these cases. Now, what is remarkable in these cases, you will notice that although the case is evidently progressing towards recovery every day, yet there is not a corresponding change in the physical signs, and you will be surprised to notice that the evidences of effusion are constantly changing—one day being increased and the next diminished. The serum is always first absorbed, and the lymph, when absorbed at all, is absorbed much more slowly and before that takes place, we have a new series of phenomena about the heart. During the absorption of the serum there is no evidence of the existence of lymph, but after that we have it clear enough, for certain new sounds are developed over the region of the heart, produced by the friction of the rough surfaces of the effused lymph upon each other during the contraction and dilatation of the heart, which was prevented previously from taking place by the effused serum. These sounds, of course, vary very much, both according to the degree of intensity of the heart's action, and according to the character of the membrane itself. Suppose you have the membranes comparatively soft, as in many of the specimens now going round, then the sound of friction will be comparatively soft. But suppose a case in which the membranes are much more firm and rough, and in fact undergoing the fibrous and cartilaginous change, then the sound is infinitely more rough, resembling the 'grating sound.' In many cases this sound is quite analagous to that of the bellows sound heard over the valves; but it has this difference, it gives the idea of friction. You have precisely the same thing in pleurisy, as we will see by and by. You will hear this sound passing up and down during the action of the heart, and in this way it is readily distinguished from the bellows sound over the valves, which is fixed and confined to one spot. So it is also with the grating sound heard over the precordial region—it passes up and down, unlike that heard in diseases of the valves. This sound has sometimes, and not unaptly been compared to that produced by rubbing two pieces of new silk together, and which the French have denominated the *bruit de taffetas*. It is doubtless produced by the friction of partially organized false membranes. Again, you have a modification of the sound—understand these are all modifications of the same sound—you have a sound in some cases like that of the creaking of new leather, which the French have described very accurately, and which I can perfectly confirm, and this is found when the membranes are thick and dense, but comparatively smooth.

Now these are the principal changes which take place in the physical signs in pericarditis after the serous effusion is absorbed. As the lymph is absorbed, which it should be, if the case is treated properly and terminate favorably, these sounds also cease Until they do, the patient cannot be regarded as cured.

How are these sounds to be distinguished from those heard in valvular disease ? This is a question of great importance. The general character of the sounds in both cases are the same, but with care you will generally be able to form a correct diagnosis. It is said by some, that in pericarditis the sound is more superficial. This may be true, but is not of great importance, for I do not believe that even good and experienced observers can judge accurately of the superficial character of sounds in the chest. Two practitioners, equally skilled in auscultation, would in almost all cases, differ on this point. But the conviction that the sound is passing up and down, is, when arrived at, of infinitely greater importance. You have nothing of this in valvular disease. In these cases of pericarditis, by the way, it sometimes changes its position, being heard one day here and another day a little further off, just as the false membranes change their relations to each other. Again, there is another point still more conclusive, and that is the discovery of the point where the sounds have their maximum of intensity. This has not been alluded to by any author with whom I have met, but is in my opinion of more value in the formation of an accurate diagnosis in pericarditis, than any other single sign. I remarked that in valvular disease, the maximum intensity of the sounds was over their seat. In pericarditis, on the contrary, the maximum intensity is over the apex of the heart, because it is there that the false membranes are generally developed most abundantly ; and there also they come most into contact, and the friction is of course greatest. It may happen, it is true, that the intensity of the sound may be found higher up, but the general rule is as I have just stated. M. Bouillaud has pointed out another sign, and I have, to some extent, confirmed it by my own observation. You will sometimes find that when the patient leans over in such a way that the heart falls from the parietes of the chest, and the opposite surfaces are separated to some extent, that this rough sound ceases, or is at least diminished to a very appreciable extent. This does not happen in all cases, but when it does, it is important. Now, in cases where the disease goes on favorably these sounds gradually disappear. The pericardium is restored to its natural condition, and the patient gets perfectly well. But in other cases, the false membranes are not absorbed and become fibrous, cartilaginous and osseous in their structure, and in such cases the sounds may be permanent, and grow more or less intense according as the changes in the membranes become more and more marked. But it may happen that the two surfaces become adherent, and then the sounds, of course, are entirely absent. Absorption and adhesion, then, are the causes which will produce the cessation of these sounds.

In these cases in which the effusion of lymph is not absorbed, there is, what we also noticed as occurring in valvular disease, a peculiar thrill which is communicated to the touch. The rough sound, I should have remarked, is sometimes double and sometimes single ; that is, it may or may not accompany both sounds of the heart. When it accompanies both, it is usually most feeble with the second sound of the heart. But in the majority of cases which I have examined, it has accompanied only the first sound of the heart.

I have now described the common or sub-acute form of this affection ; let me add a few words respecting the *acute* form. This is a terrible disease, and was the only form of the disease recognized by writers during the last century. It is marked, indeed, by symptoms so distinct and characteristic, that they cannot be mistaken. Mirabeau, you recollect, died of this disease, and his death was so sudden, and his agony so great, that the popular opinion was that he had fallen a victim of poisoning. In this form of the disease, the pain and sense of anxiety about the precordial region are infinitely more oppressive than in that already described. Sometimes paroxysms like those of angina pectoris occur ; there is a great disposition to syncope ; the pulse soon becomes very irregular, and the febrile action extreme ; whilst the physical signs are developed with remarkable clearness. Such cases usually terminate fatally in forty-eight hours, and seldom later than the third or fourth day. The duration of the sub-acute form is generally about three weeks. The average mortality in this acute form is infinitely greater than in the other form, the disease being generally fatal in four out of every five cases.

LECTURES ON THE PATHOLOGY,

AND

Diseases and Derangements of the Nervous System.

BY

MARSHALL HALL, M. D., F. R. S., L. AND E., ETC. ETC.

No. IX.

I now proceed to notice another subdivision of these diseases, or

III.—The Centrifugal Diseases,

if this term may be allowed. They are diseases of the reflex motor nerves. Spasmodic affections may arise from causes affecting the excitor nerves, the spinal axis, or the motor nerves of the true spinal or excito-motory system ; the first and second have been noticed already. It now remains for me to treat of the third. The first of these is—

I.—SPASMODIC STRABISMUS.

I have already noticed the strabismus which arises from paralysis of cerebral and voluntary nerves, and some of the muscles of the eyeball. I now wish to draw the reader's attention to another form of strabismus, not hitherto distinguished from the former, and which I believe to be an affection of the motor nerves of the true spinal system. In the former case the patient can frequently move the eyeball fully, in every direction except one; at a certain point the eyeball stops, although the other eye continues to pursue an object placed and moved before it. This is the case with a patient at this moment under my care for attacks of sickness, with defective vision and motions of the eye. In spasmodic strabismus the motions of the eye may be perfect, except on certain occasions of excitement, or of disorder, or of intense application or of employment of the eye; the strabismus then becomes apparent, the eyeball obviously is drawn in one particular direction. In one interesting little girl, aged about three years, the strabismus came on whenever a stranger came into the room, whenever she was asked to read, &c.

II.—SPASMODIC TIC.

The next of these nerves is the seventh, or facial. So long ago as the year 1817, I published, in the 'Edinburgh Medical and Surgical Journal,' an interesting case, which is plainly one of spasmodic affection through this nerve:—Miss Inman, aged nineteen. Two years ago, in the winter season, the face became affected, during the course of one night, in the following manner: all the muscles of the right side of the face were drawn into a state of spasmodic contraction; the sensibility of the skin became much impaired, the contact of an external object inducing a feeling of numbness; there were a degree of swelling, and considerable pain; and a sense of rigidity was felt in the muscles of the right side of the neck. The muscular contraction was permanent, and very considerable; the right angle of the mouth was drawn downwards; the retraction of the integuments, the effect of muscular action, and usually observed extending from each nostril obliquely downwards, is, on the right side, very deeply marked; on the left it is seen in its natural state. The tongue, when protruded, is drawn a little towards the right side; the point of the nose is considerably so. The right eyebrow is drawn a little lower down than the left one; and two small dimples, the effect and evidence of muscular contraction, are seen immediately above it. A dimple in the chin is also distinctly marked, and is drawn considerably to the right of the mesial plane of the face. Articulation was, at first, very indistinct, and is still so in some degree; the letter S, especially, is pronounced with difficulty, and participates in the soft sound of th. There is no difficulty in deglutition: but considerable inconvenience occurs during mastication, from a tendency of the bolus of food to pass and collect in the right side of the mouth. On closing the right eye a degree of tightness is induced and felt at the right angle of the mouth; this tightness is seen, even when the patient speaks with the right eye perfectly closed. On drawing down the right angle of the mouth, by an effort of the muscles of this part of the face, the upper eyelid of the right eye is also drawn sensibly downwards, and the eye is partially closed. In the first instance the eye was closed with difficulty. The state of contraction of the muscles is seen much more distinctly, and the deformity induced is much greater, on speaking or laughing, than when the patient is in a state of tranquillity. At present the contraction of the muscles is much less than at first; the sensibility is perfectly restored. The diminution of the symptoms took place during the administration of electricity, the operation of blisters, and the exhibition of an emetic, followed by purgative medicines. This affection was considered by the patient as an effect of cold. The swelling and pain were deemed an attack of toothache, but without reason, as there is no decay of any of the teeth. Before and about the period of attack, pains were experienced in both arms and wrists, and were considered rheumatic. During two years previously to the accession of the affection described, this young lady had experienced some general indisposition, having been feeble, nervous, and subject to difficulty of breathing and palpitation of the heart. The catamenia had been somewhat irregular. The ankles were affected with œdematous swelling in the evening of each day. This case is deemed particularly interesting, as it establishes a distinct diagnosis between a spasmodic affection, and a case very similar in appearance, consisting of paralysis of one side of the face, a distinction which, it is thought, has been sometimes neglected. A further diagnosis, to which the practitioner must attend, consists in the distinction between a primary paralysis of the muscles of one side of the face, occasioned by the agency of internal causes, and a secondary paralytic affection, the consequence of pressure external to the brain. In the 'Annuaire Medico-Chirurgical des Hôpitaux,' published in 1819, there is (p. 406), an interesting case of a wounded facial nerve:—'On the 27th of February, 1814, Charles Leroux was wounded at the battle of Bar-sur-Aube. The ball struck him, from the distance of fifteen paces, on the left side of the face. He felt but slight pain at the instant he received the wound. The only consequences which followed were a trifling swelling of the cheek, with a slight alteration in vision, shooting pains in the eyes, and a peculiar sensibility accompanying the act of mastication. Twelve days after the accident the wounds were completely cicatrised. The most extraordinary circumstance of this case is, that when this man attempts to speak, laugh, or eat, in fact, whenever it is necessary to move the jaws, the sub-labial muscles contract involuntarily, and as if by sympathy. While the jaws are at rest, these muscles appear to be in their natural state, and the face offers no traces of change; but no sooner are the jaws moved, though very slightly, than the act is accompanied with the most frightful grimace, of which the patient is unconscious. The countenance changes and becomes hideous, and it is hardly possible to recognise it. This alteration of the features is much greater on the left than the right side of the face. This phenomenon may, I think, be explained by the lesion of the sub-orbitar nerve. With regard to the sensibility accompanying the mastication, which, a month after the accident, was still felt, it must be attributed to the passing of the ball through the sub-maxillary alveoli, and to the shock resulting from it.' For my own part, I do not pretend to have understood the case, which I have given, and which I observed and detailed merely as one of clinical observation and diagnosis. M. Beauchè, the author of the second case, is absolutely in error in considering it as an affection of the sub-orbitar nerve. The causes of this affection are the usual causes of inflammation; the most frequent is exposure to a keen wind, either extremely cold, or with rain, or sleet,—a *coup de vent*, as it is termed. The remedies for this disease are unknown; in the severer case just mentioned, aperients and mercury have been fully tried in vain. I have proposed local depletion and counter-irritation, by means of the cupping instruments. Recently I have seen great benefit accrue from the use of fomentations, and of liniment, and especially from a liniment containing the hydrocyanic acid. Before I leave this subject, I must say a few words upon distortions of the face in general; these arise from paralysis, and this may have its seat in the cerebrum, or in the facial nerve. I conclude my observations upon diseases of the Nervous System, by briefly noticing

SPASMODIC TORTICOLLIS.

This spasmodic affection of the sterno-cleido-mastoid muscle has long been known to physicians. It is obviously of the same character as the spasmodic strabismus, and spasmodic tic—an affection of the true spinal motor nerves. The following interesting case was communicated to Sir Charles Bell by Dr. Knight:—'Sir,—About December, 1827, Master —— was seized during the night with a stiff neck; it excited little attention; he played with his schoolfellows as usual, some of whom playfully but rather rudely twisted his head in contrary directions. When he returned home at the Christmas holidays I was requested to see him. I found his general health very much deranged, and his sterno-cleido-mastoideus muscle on the right side rigidly contracted; leeches and fomentations were applied to the mastoid extremity of the muscle; alterative medicines were prescribed; strict attention was paid to the bowels; and after some weeks his general health very much improved; still the muscle remained as rigid as ever. During the summer his father took him to London, and you were consulted. I believe he was advised to go to the sea, and a steel apparatus was recommended. The sea, I understood, was of service to him, but as the apparatus did not improve, and injured his back, it was, after some weeks trial, laid aside. A vigorous system of shampooing was then adopted, together with very active exercises. His health improved; he grew taller and stouter; and by great effort he could stand straight; but the moment he relaxed his efforts, his chin turned towards his shoulder, his spine became curved, and he relieved himself by resting on one leg. 'All remedial measures were at length abandoned, and this last half-year he was sent to school. His general health has continued good, but his sterno-cleido-mastoideus is just as it was.' Sometimes the head is drawn to the shoulder; sometimes it is moved to and from one side, with a rocking motion. The hydrocyanic acid, taken internally and applied externally, seems to promise much benefit. What would be the comparative results of dividing the spinal accessory or the muscle itself. The following sketch is taken from Sir Charles Bell:—'The condition of this woman is very peculiar: in her, common breathing inspiration is performed with a sudden spasmodic action; but she is also affected at intervals with more violent spasms, and here respiration is then hurried and distressing. On the commencement of a paroxysm, she bends her body slightly forwards, and thus prepares herself, as it were, for the attack; her nostrils are dilated widely, the angles of her mouth are dragged forcibly downwards, there is a constriction of the throat, and the shoulder and chest rise convulsively, as when a person has cold water poured upon the head; the inspirations are deep and violent, and are attended with a sniffing of the nostrils, the air being inhaled through them only, and not through the mouth. The fibres of the platysma myoides start into view, and there is quick rising and falling of the pomum Adami; the sterno-cleido-mastoideus and trapezius, on both sides, act powerfully, fixing the head and elevating the shoulders. The spasmodic action of these muscles exists to a considerable degree constantly, yet it increases in paroxysms which last so severely for a few minutes that she is deprived of the power of speech, and seems to be almost suffocated. These paroxysms recur at irregular intervals. It was observed by the attendants, that when she was excited by walking about the ward or by replying to our questions, they returned more frequently. She could move her head with perfect freedom when we requested her, but still the spasmodic action continued. She also raised either shoulder, or twisted her face to one side, when she was desired. This woman continued under the care of the physician for about a month, and was discharged cured.' I have recently attended a patient, a young gentleman aged about twenty, who experiences attacks of a peculiar affection of the movements of respiration; he lost the power of articulation; on attempting to speak he was suddenly seized with a spasmodic action of the diaphragm, which induced a sudden inspiration, with a hissing noise as the air entered through the lips, and pain in the points of attachment in the diaphragm. This affection yielded to attention to diet, and to the state of the bowels. These and other affections of the true spinal motor nerves agree in several particulars:—1, they are usually suspended during sleep, (in this they differ from similar affections excited through the true spinal excitor nerves, which frequently came on during sleep;) 2, they are redoubled by any cause of mental hurry or excitement. Notwithstanding what has been said, I consider it still a question important to determine whether any and which of these diseases have their origin in the excitor nerves, or in the true spinal axis? I will conclude these observations by a few words relative to the pathology of

THE FIFTH PAIR.

Sig. Bellingeri considers the fifth to be a nerve of organic life, as well as of sensibility. M. Magendie speaks of it as influencing the nutrition and functions of the eye, &c. M. Serres views it as the nerve of instinct. Sir Charles Bell as a mere sensitive nerve. The view given of the subject in these notes is very different and far more comprehensive. I consider the fifth, in addition to its office as a cerebral nerve, or nerve of sensation, as forming a part of the excito-motory, and of the external ganglionic systems. But, besides these views of the function of the fifth pair, M. Magendie has discovered another. This nerve has a peculiar influence over the senses, as M. Magendie observes, in his 'Précis de Physiologie,' ed. 3, tom. i. p. 100. The same observations are made in reference to the sense of smell and of hearing. These experiments are not the only evidence we possess of the influence of the fifth on the vision. In the 'Archives Générales,' tom. xxiii. p. 260, there is a case of amaurosis of the left eye arising, apparently, from caries, and the presence of a portion of a toothpick of wood in the first molar tooth of the left side, and ceasing nine days after its extraction. In an interesting case under my own care, a partial amaurosis of the right eye has arisen, apparently from caries of the upper canine tooth of the right side; it was augmented by unsuccessful attempts at extraction; it has not ceased, however, since the extraction was effected. These facts, with the similar results from wounds or tumors of the supra-orbitar branch of the fifth, appear to me to confirm the extraordinary experiments of M Magendie. The effects of the division of the pneumogastric on the lungs and the stomach, as demonstrated by the experiments of Dr. W. Philip and Sir Benjamin Brodie, prove this to be a secretory nerve. There are no cases on record, I believe, with the exception of a very defective one by M. Gendrin, in which the pneumogastric was distinctly affected, and in which the influence of its disorganization upon the lungs, stomach, and other internal organs was traced. There is still an interesting inquiry open to us relative to the defective development and nutrition of the internal organs and external limbs, &c., from diseases of the internal and external ganglionic systems. Some diseases are obviously affections of the internal ganglionic nerves; we have augmented action, for instance, of the liver and kidney, in the cholera Europæa, and enuresis; we have paralysis of the same organs in the cholera Indica, and in some cases of icterus, and in ischuria. I here close, then, my observations upon the Nervous System and its Diseases for the present. If they have interested and instructed you, if they have led you to reflect upon these interesting maladies, my object will have been accomplished. I shall be still more gratified if you are induced to bear the subject in your minds, and assist me by your observations. The subject is but sketched. Perhaps it can scarcely be said even to be sketched. It is full of promise in reference to anatomy, physiology, and practice.

A COURSE OF LECTURES
ON SURGERY,
With Surgical and Pathological Anatomy.

BY

VALENTINE MOTT, M. D., PROFESSOR OF SURGERY, ETC.

DELIVERED AT THE

STUYVESANT INSTITUTE, NEW YORK, SESSION 1841-2.

Lecture XXX.

WOUNDS OF THE TONGUE.

The tongue is sometimes wounded by the teeth, and the accident occurs generally in children from a fall. When in adults, it is generally the result of some convulsive or spasmodic attack. I have seen cases in which the tongue was divided transversely through nearly one half of its substance, by the teeth, during a convulsive attack. Wounds of the tongue bleed very freely. In such cases, the wound must be united by the interrupted suture—the Professor never saw a case that required a ligature.[*] 'There is a wound of the tongue,' said the Professor, 'that deserves to be mentioned, because it is a curious one, and I name it as illustrative of the fact of the tongue being composed of two republics, or two independent parts necessarily without any vascular connection between them; a connecting muscle indeed, but no necessary connection between the vessels on either side of the tongue. It is that accident that occurs in children occasionally. It alarms mothers exceedingly, and is indeed a very serious matter, for to have a person grow up with what I am alluding to, and to present the tongue in common conversation, it would be very natural for every body to say—for it is too much the case with our tongues to be a little loose,—'why that fellow is double-tongued!' (A laugh.) This accident arises from a fall on the chin; the child falls and the moment it is taken up the tongue is found to be split. I have seen it split from one to two inches, and of course it is a source of great anxiety to a parent. In this accident, it is the effect of concussion entirely. There is little or no bleeding. The plan of treating these cases, is to put in two or three sutures, as the extent of the injury may be. There is no difficulty at all in its healing. With this we finish, therefore, our account of the pathology of the tongue for the present.

I now proceed to another interesting and much more formidable affection, which I comprise in the pathology of the face, which is the

DISEASES OF THE JAW-BONE.

Under this head, I include the benign diseases and the malignant diseases, for there are in the jaw bones, lower and superior, diseases which are benign incontestibly in their origin, and there are diseases which are malignant in their origin, they begin as such and they end as such. There are diseases which begin as benign, perfectly harmless in themselves, but which terminate in a malignant form, because they terminate by pressure and devastating the surrounding tissues, bone as well as soft parts. The benign diseases of the jaws are commonly enumerated under the head of osteo-sarcoma. I shall confine my remarks exclusively to those diseases now as they appear in the jaws. This disease, which is now denominated osteo-sarcoma, is incontestibly a variety of the 'cartilaginous and medullary exostosis' of some writers. It is a disease different from the osteo-sarcosis, mollities ossium, osteo-steotoma, osteo-melanoma of other writers. It is a disease different from all of them. Of the osteo-sarcoma of the jaws. First of the lower jaw. This is a disease which begins generally when a tooth shall have been extracted. Generally it is so. Some cases I have met with were referable to some injury done to the alveolar processes, or where decayed teeth shall have remained a long time, and with necessarily some kind of irritation which we are unacquainted with, except from its effects. This disease appears to be confined to no age; it occurs at all ages. I have met with it in early life, in early manhood, and it is a disease never in children. It begins in the form of a tumor, in, as I observe, the lower jaw; this is a difference, about the part whence a tooth shall have been extracted, or where there shall have existed a very decayed tooth. The tumor fills up the socket, and bulges out perhaps as high as the surrounding teeth, before it is noticed. When the finger is put upon it, a man familiar with it, at once recognizes it as the commencement of this osteo-sarcoma, beginning more frequently in the lower jaw on the range of teeth or of the alveolar processes; and it is a curious fact, like, for example, the common abscess of the gum, it is much more frequently found on the outside than on the inside. This disease, too, shows what a tendency there is in nature, as it were, to do as little harm as possible. You know that wonderful law so admirably described by John Hunter, in reference to matter making its way to the surface of the body, was compared by that extraordinary man to the wonderful principle that there is in all plants to approach the surface of the earth. This tumor, when you put your finger on it, is firm but elastic, but not the elasticity of any fluid within. There is a firmness and elasticity about it which a practitioner at once recognizes. Here is one of a variety which I have in my museum. [The preparation was handed round.] The tumor is generally of a whitish color. This disease spreads gradually, and passes from one side of the jaw to the other; not only extending outward but inward, marching onward. If nothing be done for it, it goes on till it gets to the mesial line, quite in a line with the uvula, and I have seen it so enormously large as to be as large as the patient's head. You see in that bottle (pointing to a preparation on the table) a mass of disease which I removed in an operation, of the kind I have described as being as large as the patient's head. Therefore they are diseases which march on and produce most horrid deformities. Whenever a patient labors under this disease, there is but one remedy, and that remedy is the entire extirpation of it, though benign in its nature. It becomes malignant from pressing on the surrounding parts, and so becomes a malignant disease. Unless it be altogether removed, it will be a germ from whence disease will originate. Therefore every portion must be extirpated, and my experience warrants me to say that if the disease be all removed, the patient is perfectly cured. But if not, the disease, though benign, will return. Therefore, when a case presents itself to you decidedly of this character, the plan is to advise an operation at once—and it is of the utmost importance that you advise an operation at once, not only because the disease will continue to advance, but because you can now perform an operation comparatively trifling. A number of specimens I have. The disease may be removed, and it may be removed without removing the entire jaw through and through to the base. I have removed in a number of cases portions of the upper and lower jaw, and without cutting the integuments at all, and it is a thing of the greatest consequence, of course. And what is of most consequence is that you should remove the disease before it has got to such an extent as obliges you to cut through the lower jaw-bone entirely. Dr. Barton, of Philadelphia, now retired from his profession after having pursued it with great success; Dr. Barton suggested a beautiful operation, even though the disease was very extensive, and though it should apparently at first sight involve the whole bone. If it was possible, said he, to saw through the bone without taking away the base, it would be a great matter. Therefore, I urge you to perform the operation early, so as to leave the base of the jaw entire. In such cases it is wonderful how little deformity there will be. Recollect then this advice of operating early, so as to be enabled to preserve a portion of the bone. Here are a number of specimens here, without removing any of the integuments at all.

The operation is a very severe one. Whenever the disease is so extensive as to involve the articulation of the jaw, I would advise every young man and every surgeon to take the most prudent course with regard to this operation, which is that he tie the carotid first. I am well aware that many persons have disapproved of that practice that I have planned and published a number of years ago, and said that it was giving unnecessary extent and danger to this operation, but they who have disapproved of it have not told the whole truth. You know the common saying, the half of a story is the worst of the whole. The whole truth about it is what I have said. If the disease extend as I have named, involving so many important points, I will not say it is indispensable to tie the artery, but it is at least convenient for the surgeon, and of some importance to the patient in the after-treatment. I verily believe that a young man will perform this operation with far greater chance of success if he ties the carotid artery, for there may be a great deal of hæmorrhage afterwards.'

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[*] What follows is reported *verbatim et literatim.*

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, May 21, 1842.

Dr. Detmold, the distinguished orthopœdic surgeon, and to whom belongs the honor of introducing the important science to which he is devoted into this country, has commenced a series of lectures at the College of Physicians and Surgeons. We have made arrangements for reporting and publishing these interesting discourses.

Dr. Detmold is one of the gentlemen, who were so unhandsomely treated by the Faculty of the Stuyvesant Institute School, a few months ago. We have already commented on the conduct of the Faculty in proper terms, and need not now make any further reference to the matter. We may, however, add, that we are informed, on good authority, that the Faculty have repented of their injustice and duplicity, and are really beginning to think that after all, an honest, manly, and liberal course is the best. We have some affectionate advice to extend to these gentlemen, and will do all in our power to make them ashamed of their follies and transgressions. The College will also receive in due time a portion of our brotherly regards.

We attended the meeting which assembled at at the Lyceum last Saturday, for the purpose of adopting a plan for the organization of a Benevolent Society for the Relief of the Destitute Widows and Children of Medical Men, and were much gratified to find a large and respectable attendance. The greatest cordiality and good feeling animated the meeting, but that indeed was surely to be expected, for the object which had called the gentlemen together was itself so calculated to attract the warm sympathy of every heart, that nothing but brotherly love could have prevailed.

A plan was read by Dr. Delafield, but its details are too prolix for insertion in our columns. We may merely state that it was simply based on the principle of mutual assurance combined with that of a benevolent institution. Each member was to subscribe ten dollars on entering his name, and contribute the same amount annually. The following sections describe the manner in which the funds will be dispensed:—

Sec. 13. The widow of any member of this Society having no child, and who has no estate, salary, or other provision, exceeding altogether the yearly value of two hundred dollars, is eligible to receive such assistance from this Society *annually*, as the state of its funds will permit.

Sec. 14. The widow of any member of this Society who is left with a child or children under fifteen years of age, entirely or in part depending on said widow for support, and who has no estate, salary or other provision, exceeding the yearly value altogether of *fifty* dollars for each child respectively, in addition to the two hundred mentioned in the preceding law, is eligible to receive such additional assistance from this Society annually, as the state of its funds will permit.

Sec. 15. The orphan of any member of this Society, who has no estate, salary, or other provision, exceeding the yearly value altogether of *one hundred dollars*, is eligible to receive such assistance *annually*, as the funds of the Society will permit.

Sec. 16. If any member at his death leave neither widow nor child, but a widowed mother, living with him at the time of his decease, and dependent on him for support; or a sister above the age of fifty years, who had lived with him for at least three years, and was living with him at the time of his death, and dependent on him for support; such widowed mother or sister shall be deemed eligible to receive assistance from the funds of the Society, at the discretion of the Board of Managers.

Sec. 17. No widow or child, mother or sister of any medical practitioner shall receive any assistance from the funds of this Society, unless the person from whom they claim, were a member at the time of his death; and had been elected to the Society two years at least previously to his decease.

Sec. 18. Although the general intention of the Society be, to relieve the widows and children of medical men; yet, if it should unfortunately happen, that any member be incapacitated from attending to his business, the said member and his family being involved in distress, it shall be lawful for the Board of Managers to allow him such temporary relief as they shall deem necessary.

Sec. 19. As long as the funds of the Society will permit, the annual allowance for widows under the preceding laws, shall be not less than *one hundred and twenty-five dollars*; and for children under fifteen years of age, *fifty dollars* each.

Some features of the plan appeared objectionable to us, particularly the mode by which it was proposed to enable individuals to effect a composition for premium and annual payment. But doubtless these objectionable sections will be modified. We certainly wish success to the scheme, and have no doubt that that will be attained, if the matter be conducted, in every particular, on just, comprehensive, and liberal principles.

We were particularly pleased to find that the plan excluded from eligibility to membership, all individuals who 'publicly advertised to cure any disease.' What will be done with the gentry to whom we read a lesson last week? We shall see.

THE MEDICO-CHIRURGICAL REPORTER.

Cliniques at the College of Physicians and Surgeons.

DR. PARKER'S

was well attended. Two cases of strabismus, and one of fistula in ano, were operated on by the Professor.

DR. SWETT'S.

Very well attended, and, as usual, remarkably interesting.

DR. BULKLEY'S CLINIQUE.

Twelve cases were exhibited, presenting an interesting and instructive collection of cutaneous affections.

The first two shown were well marked cases of the *papular* form of syphilitic eruption, both of them in females, which afforded a fine illustration both of the peculiar copper color of this class of eruptions during one of their stages, and of the brownish discoloration or stain left by them when nearly gone, with the intermediate shades between these two tints. One of the patients had had iritis, and both of them had suffered and were still suffering from pain in the joints—symptoms which are most frequently associated with this form of veneral eruption. In connection with these, was also shown a case of *Prurigo* complicated with *Ecthyma*, about the lumbar region, in a man, in which the livid and purplish color about the pustular eruption and the brownish discoloration left by some of the ordinary papular diseases, might expose it to be mistaken for an eruption connected with the venereal infection. Such diagnostic marks between the two cases so different in their nature, are, however, pointed out, as to prevent the chance of their being mistaken for each other.

Two cases of *Lichen* of the face were also exhibited; one acute, and covering the entire face and forehead, and very severe in its character; and the other chronic, and confined to the cheeks, which had appeared spring and fall several times, as this form of eruption is well known to do. Also, a case of *Lichen* and *Prurigo* together, on the arms, chest, and back of a female of intemperate habits.

Two cases of *Psoriasis* were next shown, one very severe, and covering nearly the whole of the body and limbs, and accompanied with such febrile excitement that the treatment was commenced with venesection; new spots are still appearing, so that the case illustrated the disease in all its stages, and also the two species of *guttata* and *diffusa*. The heat of the skin was still considerable, and there was also a decided inflammatory blush about the spots. He is now taking (under the direction of another practitioner) bi-chloride of mercury with sarsaparilla, with warm baths, and is improving.

Two cases of affections of the scalp were then shown, one of *Eczema* in an infant, and the other of *Porrigo favosa* in a boy ten or eleven years of age, in which the distinguishing characteristics of this latter disease were very well seen.

A case of *Lupus* on the face and cheeks of a man between forty and fifty years of age, afforded a good specimen of the elementary form of this disease, and of the peculiar scar, like that of a burn, which it causes when it leaves one part to commit fresh ravages on another; also of the very great tendency to relapse in this intractable disease. It first commenced in a small spot near the left ala of the nose about two years before, and a very interesting fact connected with it is, that after having resisted a variety of means used by different practitioners, its progress was entirely arrested, and an apparent cure produced, by a very severe attack of erysipelas of the head and face, which the man experienced about two months ago. The patient congratulated himself that this had accomplished what the doctors had failed to do, but there is unfortunately, too good evidence in the appearance of new tubercles on the margin of the part before affected, that this is also doomed to prove a failure. The fact that this disease is sometimes effectually arrested in this way is, however, well established, and has afforded a hint in the treatment which has sometimes been followed by good results.

The last case exhibited was one of *Cheloides*, an affection interesting rather for the rarity of its occurrence than for any reasons of a practical nature. It was first described by Alibert, and is so rare that Bateman doubted of its existence until shown a case of it by him in Paris. It is said to appear most frequently in a single spot, the more usual seat of which is the chest, and was named by Alibert from a Greek word signifying *tortoise*, from the fancied resemblance which its prolongations sometimes bear to the claws of that animal. In the present case, which is in a negro about fifty years of age, the largest spot, and the one which first appeared, is on the chest, which was first noticed twenty-nine years ago, and which is now between four and five inches in its largest diameter, and between two and three inches in its shortest diameter, and which has four prolongations bearing some remote resemblance to the claws of a tortoise. Besides this, are twelve to fifteen tumors of different sizes on different parts of the chest and arms, olive-shaped, or cylindrical, or angular in their form, and with different degrees of elevation above the surface, from three quarters of an inch to two inches in length, and half to two-thirds of an inch in breadth. The spots have all increased in size since first seen by Dr. B., about four years since, and two or three new ones have appeared. An interesting fact connected with their exciting cause is, that on the spot where he was vaccinated at that time, a circular elevation of the same nature with the other tumors, and of the size of the ordinary vaccine scar, has appeared. The tumors cause him no inconvienence at all, except an occasional itching, which he says is always very marked every June. Two of his brothers have a similar affection. Dr. Wane, in his book on Tumors, describes three varieties of cheloides, the last of which is the form described by Alibert, and named after him. These tumors have been known gradually to disappear without any apparent cause, though this is a rare occurrence, and they are sometimes, although quite as rarely, the seat of ulceration. In the present case, there is a decided though but a very slight tendency to gradual increase. This affection is not considered as one for medical treatment, and when removed by the knife the diseased action will be very apt to attack the cicatrix.

Case in which a Child was Born with Small-pox, in consequence of exposure of its mother, who had been perfectly secured from Varioloid by Vaccination.

REPORTED FOR THE LANCET BY B. F. JOSLIN, M. D.

On the 27th of April, 1842, the wife of John M——, residing in Fourth street, gave birth to a male child, after a natural labor, about eight or nine days before the expiration of the ninth month, according to her reckoning. It was apparently lifeless; but on means being used for restoring animation, it breathed faintly a few times, but in a quarter of an hour expired. I found on its body about 170 regularly formed small-pox pustules, of the usual size, and filled with yellowish purulent matter. They were generally of a regularly circular form, except on some parts of the hands and feet, where their close proximity had produced confluence. Next to the hands and feet, the parts most affected were the legs, arms, hips, and posterior part of the pelvis. Most of the pustules were about one-fifth of an inch in diameter, some of them quite prominent, but most of them rather flat and flaccid, and the matter rather thin. The process of scabbing had not commenced, the pustules being apparently at the stage at which they would be found in ordinary cases about eight or ten days after the incursion of the disease.

The circumstances were such as to fix with some precision the time when the infection had been received by the mother, which must have been just thirty days previous to the birth of the child. That was the only time of her exposure, which was to a single case at the very commencement of the eruption, and for a single day. I was at that time sent for to pronounce on the nature of the incipient eruption. This was not the stage of maximum activity of the effluvia; yet there was no other medium; no contact with the body or clothing of the patient. The infection must have been received by inhalation.

About thirty years previous to this time, the mother of the child had, in early childhood, received vaccination, and effectually, as was subsequently proved. For not only was she vaccinated by me on the day of this exposure without effect, but the infection which communicated genuine and fatal variola to the fœtus in utero, must have been transmitted through the blood of the parturient female, without producing at any time in herself the slightest varioloid symptoms.

Though cases like the above are rare, several have been recorded, and one occurred to Jenner himself. In the mode of transmission there is still some mystery, the solution of which might throw light on some curious points in physiology and pathology. Such cases show a sufficient connection between the maternal and fœtal circulation to allow through its medium the transmission of a portion of the inconceivably dilute virus, in sufficient quantity to infect the fœtus. I say inconceivably dilute, for in cases like the above, where the mother is not disordered, there appears to be no multiplication of the particles of virus by any leavening process. Yet on the other hand, where the mother is affected, the fœtus in some cases is not.

The fact that the pustules of small-pox patients are found on the skin but never on the viscera, has been attributed to the influence of air; but their existence on the the skin of the fœtus, and in some instances in such numbers as to cover it, is incompatible with this hypothesis. I believe it has not been shown that the liquor amnii possesses properties which might be supposed to enable it to perform this office vicariously. This determination to the surface seems rather to result from an inherent centrifugal tendency, a beneficient provision for the relative security of the vital organs.

Wound of the Right Ventricle of the Heart, half an inch in length, made by a carving-knife, through the Sternum, and producing Death in about ten minutes.

REPORTED FOR THE LANCET BY B. F. JOSLIN, M. D.

On the 13th of January, 1842, about half-past 5 P. M., I was called to visit a woman in Wooster street, who, about seven or eight minutes before my arrival, had been stabbed with a carving-knife by her husband, James Adams. This man has since been indicted for murder, and has recently died in prison, about the time at which his trial was to have commenced.

It appears from the statements of persons present, that the woman after being stabbed ran to the adjoining house, and on entering exclaimed that she was a dead woman; that Adams had stabbed her. I found her on a settee, in an inclined sitting posture, supported by a young man who was holding one hand on her chest, for the purpose, as he said, of checking the flow of blood. There was considerable blood on the floor, but no hæmorrhage at that time.

The paleness of the countenance was less striking than in ordinary syncope. There was no perceptible pulsation of the radial or carotid arteries, yet there were several gaspings, or respiratory movements of the mouth, at considerable intervals, after my arrival. A deep transverse incision was seen at the left wrist. On examining the clothing, there were perceived two slits, as if made with a knife, one over the left breast, the other nearly opposite the middle of the sternum. The knife had entered at this place and passed, as was subsequently shown, through the corset board and sternum, and into the right ventricle of the heart. Death ensued in about nine or ten minutes after the infliction of this wound, the fatal one of three which were made in quick succession. At the time of death the pupils of the eyes appeared to be slightly dilated.

At the post-mortem examination, which Dr. Roberts and myself were called to make, the wound in the left breast was traced through the pectoralis major and under the pectoralis minor muscle. The knife had entered at the nipple and passed upward, *toward* and nearly *to* the middle of the clavicle, with one of its flat sides towards the ribs, and without dividing any considerable blood vessel. At the wrist, the knife had severed a part of the styloid process of the radius, and entered the cavity of the joint. The radial artery was probably divided.

On raising the sternum by cutting through the cartilages of the ribs, it was found that the knife had passed completely through it; and an ecchymosed spot in the cellular substance afforded evidence that it had penetrated still deeper. On opening the pericardium, it was found that the knife had penetrated it, and also through the wall of the right ventricle of the heart into the cavity. As there was no trace of injury on the opposite side of the cavity of the ventricle, there was no evidence that this part had been touched.

There was about half a pint of coagulated blood and bloody serum in the cavity of the pericardium, but none in the ventricle. The wound in the heart was about at the middle of the length of the ventricle, and in length about five or six-tenths of an inch. There was nothing unusual in the size or situation of the heart. The knife appeared to be rather thin, dull, and slightly bent.

The wound or slit in the sternum was near the middle of its breadth, and of its length, if we include the ensiform cartilage. It was vertical, and nearly closed by the elasticity of the bone. Its sides had approximated within a distance much less than the thickness of the knife; so that examination with the point of a scalpel before the raising of the sternum had left it doubtful whether the bone had been actually transfixed. Indeed, considering the obstacles which the knife had previously encountered, it must have required powerful muscles, called into vigorous action under the influence of rage, to drive such a weapon through this barrier of bone placed before the heart for its protection.

The closure of the wound in the sternum by the elasticity of the bone, together with some slight lateral displacement of that in the pericardium, may have greatly contributed to limit the hæmorrhage, which did not appear to have been sufficient to produce death, independently of the embarrassment of the circulation caused by the pressure of the blood in the pericardium.

Spreading Gangrene successfully treated by Amputation.

David Wright, æt. 23, admitted September 12, 1841, was brought to the hospital early in the morning in a state of intoxication, having been engaged in a street fight, when, being knocked down, it is supposed he was trod upon: recollects merely that, on being raised he was unable to bend his elbow. The left arm presents the following appearances: there is a wound at the inner side of the elbow joint three inches in length, extending obliquely over the inner condyle of the left humerus, which, with the trochlea surface, lies exposed in the wound, but does not protrude: the ligamentous and tendinous structures at the inner side of the joint are completely divided, and two small portions of bone, detached from the interior condyle, can be felt in the wound; the olecranon process projects backwards remarkably, and on further examination it appears that the joint has sustained a dislocation of both bones backwards. On introducing the finger into the wound, and grasping the parts in front of it, no pulsation of the brachial artery can be perceived; the sensibility of the hand and fingers is unimpaired; considerable venous hæmorrhage seems to have taken place, but the bleeding has now nearly ceased. After removing the loose fragments of bone, and reducing the dislocation, (which was very easily effected by slight extension,) the edges of the wound were brought into apposition by strips of adhesive plaster, over which a piece of lint dipped in blood was applied: the fore arm was brought to a right angle with the arm, and the joint kept perfectly quiet by being laid on a tin splint. Eight hours after the accident he expressed himself as feeling comfortable, and free from pain; the hand was warm, but not quite of equal temperature with the other; no pulsation could be felt in the radial or ulnar arteries. On the 13th and 14th, continued in the same state, the hand still retaining its temperature: at four in the afternoon of the 14th, the nurse reported him as much worse: on visiting him, I found him suffering very considerable pain; the hand and fore arm had suddenly become quite cold and powerless, the fingers contracted stiff, and void of sensibility, the skin below the elbow of a deadly pallor, the wound puffed and unhealthy, the lower part of the arm somewhat but not much swelled. On the following morning a gangrenous spot was observed at the inner side of the fore arm. On the 16th, the gangrene had considerably extended, involving nearly the whole of the fore arm, and extending rapidly to the arm: no appearance of a line of demarcation could be observed; the countenance had become anxious, features sharpened, pulse 120, and weak. A consultation was then called, at which it was resolved to perform immediate amputation of the member, which was accordingly done four inches below the shoulder. The operation was performed by the circular method, but presented no point of interest; the stump went on favorably, his general appearance progressively improved, and on the 19th of October he was discharged.

On examining the amputated limb, the brachial artery was found to be completely sound about an inch before its bifurcation; the two ends were conical, and filled with coagulated blood, which extended in either direction for nearly an inch; the lower end of the artery was drawn out into a thread.

The median nerve opposite the bend of the elbow was very much inflamed and thickened in from two to three inches of its extent; the ulnar nerve also presented the same appearance, but in a much less marked degree.—*Lond. Med. Gaz.*

Strangulated Inguinal Hernia.---Successful Operation without Opening the Sac.

F. E., aged 49, a smith, of good health and temperate habits, was admitted at a quarter-past 4 o'clock, Jan. 20th, under the care of Mr. Liston, laboring under strangulated inguinal hernia. Has been the subject of hernia of the left side for ten years. During the first four or five years it was completely reducible, since which time it has been every year less completely reducible. Latterly, it has always caused a tumor of considerable size. Has occasionally suffered from costiveness, to remove which he has been obliged to take pretty active purgatives. At these times the hernial tumor has been of larger size than usual. A few days ago this was the case, but after a time he got the bowels to act, and returned as much as usual of the hernia. The last time his bowels acted was yesterday morning, after the use of strong aperients; since then he has had some uneasiness in the abdomen, for the hernia remained down longer than usual. He took about four ounces of castor-oil and some salts, without producing an evacuation, although his bowels gave him the sensation of their being affected by the medicine. In the afternoon he was induced to apply to a surgeon, who, on examining him, advised him to come immediately to the hospital. On admission he was found to be the subject of a large inguinal hernia. The tumor was large, oblong, and very tense; the lower part of the scrotum appeared to contain a large quantity of fluid; the testicle could not be felt; bowels had not been opened for more than thirty hours. An unsuccessful attempt at reduction by the taxis was made, at first without the hot-bath, and subsequently in it, for about half an hour. There is a little tenderness in the tumor; patient quite free from fever; pulse 98.

6 P. M. An enema of castor-oil and gruel was administered without effect, and repeated again at 9. A draught of house medicine was administered, and the following pills were prescribed:—Two drops of croton-oil, a scruple of calomel, a scruple of extract of colocynth; to be divided into eight pills, one to be taken every hour.

12 P. M. He took a few of the pills, but was ordered to leave them off, as he had several times vomited; still without pain.

21st. Half-past 12 P. M. An enema of castor-oil, turpentine, and gruel was administered, by means of an elastic tube passed a considerable distance into the bowel, and ordered to be repeated if it did not act freely.

Half-past 6 A. M. Another enema was administered about 4 o'clock, without effect; no serious symptoms, except the occasional vomiting of bilious matter, have occurred during the night; the tenderness of the tumor is very slight. At 7 Mr. Liston was sent for, and arrived at 8; he thought it would be the safest plan to operate, without further attempts at reduction, and immediately proceeded to the operation.

On arriving at the spermatic fascia, it was found to form several dense, unyielding bands across the tumor, which was of the oblique kind. The obliquity of the inguinal canal had been completely destroyed by the large size and long continuance of the hernia. There was a very slight constriction of the neck of the sac at the upper border of the internal ring, which was divided, and after a little manipulation the hernia was reduced without opening the sac. The bowels immediately acted freely, and the patient expressed himself as feeling very comfortable, and relieved from the feeling that he had had all along of the bowels being acted upon by the medicines he had taken, without any evacuation being obtained. The wound was then put together by two points of suture, and a compress and bandage applied. In the course of the morning the bowels were freely and frequently opened.

12 A. M. Complains of tenderness in the left iliac region; pulse a little accelerated. Ordered to take one grain of opium and six of calomel immediately.

4 P. M. The tenderness of the abdomen has increased a little; he is thirsty; pulse 104. He was bled to twenty-four ounces; the bleeding produced a slight degree of faintness.

6 P. M. Has been easier since the bleeding; pulse 100, less forcible than before the bleeding. He was ordered a scruple of calomel and two grains and a half of opium; to be divided into ten pills, one of which to be taken every two hours.

22d. 4 A. M. During the evening and night he has been going on well; he has taken five of the pills; and, as he has no bad symptoms, they are to be discontinued; has slept at intervals; pulse 100.

10 A. M. Going on very comfortably in every respect: the bowels have not acted since yesterday morning. Ordered to take half an ounce of castor-oil.

6 P. M. Has been rather over-purged to-day, in consequence of which he is ordered the following medicine:—Chalk mixture one ounce, tincture of opium ten minims; to be taken directly, and repeated after each liquid motion.

23d. The diarrhœa has somewhat abated; the purging has been accompanied with little pain, and he has no tenderness in the abdomen; wound looks healthy, to be dressed with water dressing; tongue moist, but whitish.

24th. Continues the chalk mixture, but is better.

From this time he continued to do well: he had a little diarrhœa, but on the 18th of February was nearly able to leave the hospital.—*London Lancet.*

Apparatus for Oblique Fractures of the Shaft of the Femur.

BY M. FOCACHON.

The patient being placed in a horizontal posture, a bandage is applied from the toes to the groin. This done, two double bands, half of each of which remains loose, are placed by the sides of the limb, and extend from within a short distance of the seat of fracture for about a yard downwards. These are intended to furnish the principal fixed point for the continued extension, which M. Petrequin, the inventor of this method, calls permanent parallel extension.

To fix them firmly in this position, they are starched, or covered with a layer of dextrine, and then rolled round with another bandage; and then another quantity of starch or dextrine is applied over the whole together. An assistant constantly keeping the limb in a horizontal position, and at the same time maintaining some extension of it, the other half of each of the bands, which was hitherto left loose, is now applied along either side of the limb, and arranged like the first, so as to go to the same distance beyond the foot as it does. Two fresh rollings of the bandage, and another layer of starch, serve to fix this band in just the same manner as the first. Six or eight very narrow and flexible splints, almost as long as the femur, are next applied over the fracture, and are kept in place by a bandage; and if necessary, a second layer of splints, and another bandage are added; and then the whole are well starched, to fix them all in one firm mass. Long rigid splints, with two pads, fix the limb laterally, as in the method commonly employed, till the solidification of the apparatus is completed; and two flexible splints are placed behind, and two in front of the thigh, in order that the compression may be made methodically and equally over every part of the limb. The leg, since it does not naturally lie in the same plane as the thigh, must be slightly raised by a little cushion, so as to bring it to the same level. The apparatus being thus disposed, and having dried, the constant extension of the limb is made by means of a weight, greater or less according to the circumstances of the case, which is fixed at the lower extremity of the two bands already described as passing from below the fracture to beyond the foot, and which are carried over a rod at the bed's foot, and made to slide on it as on a pulley.

The advantages of this mode of extension are, that it acts over a considerable extent of the limb without fatiguing the patient; that it acts only on the lower portion of the fractured bone, and thus more effectually and more regularly; that it draws uniformly in the direction of the axis of the limb, and parallel to the fractured bone; that it prevents shortening, and that the patient cannot escape from its influence by sliding down lower in the bed.—*London Medical Gazette.*

Extraction of a Gold Pin passed far into the Urethra.

BY DR. BOINET.

[The following case may probably be interesting to the reader, and may suggest a similar practice in such unusual cases.]

I was called some time since, to visit a young man, who for the purpose of excitement, had introduced a gold pin into the urethra, into which it suddenly slipped from his grasp and disappeared. It was more than two inches long, and the head which had been pushed in first was as large as a hemp-seed. In his attempt to push it out again he had made it go further towards the bladder, and when I came to him the head of the pin was in at the membranous part of the urethra. I could easily put it in the perineal region, and applying my thumb on the head to prevent its going on towards the bladder, I tried to push it out of the canal, pressing in the direction opposite to that by which it had entered, and at the same time pulling the penis, to prevent the point from catching in the folds of the mucous membrane. But, in spite of all my precautions, my attempts appeared to make it go towards the bladder, especially whenever I tried to disengage the point from the mucous membrane into which it kept running. I had scarcely any instruments with me, nor indeed would any ordinary ones have been of any use; therefore my endeavors to draw it out were unavailing.

I now determined to run the point of the pin through the wall of the urethra, and then to turn the pin end for end, and push the head towards the external orifice. This I accomplished in the following manner:—With the left thumb I firmly fixed the head of the pin, and then bending the penis double at the part where the point of the pin lay, I made the latter pass through the wall of the urethra, and drew out all but the head, which now lay where the point had just previously been. This done, I carried the shaft of the pin backwards, and so made the head more forwards, and then pushing on the shaft from behind forwards, I pushed the pin head first towards the external meatus, through which I now easily drew it out with a pair of dressing forceps. In a word, to perforate the urethra from within outwards, to turn the pin, to push it on, and to extract it—such were manœuvres of this operation.

The consequence of this perforation were of the simplest kind: the patient scarcely even felt a pricking in making water. Three days after he was perfectly well. Subsequently, however, in consequence of a severe and maltreated gonorrhœa, an abscess formed around the urethra, and was followed by a fistulous opening; but it was remarkable that this opening was situated at a considerable distance from the part at which the urethra had been punctured.—*Medical Gazette.*

On the utility of Pressure previously and subsequently to Parturition, and especially in cases of Hæmorrhage from the Uterus; with an account of a new form of Bandage.

BY GEORGE SAWYER, M. R. C. S. L.

The attention of the medical profession have of late been called (in your valuable publication) to the great utility and advantage of bandages both before and after parturition, and as I have had much experience in this branch of the profession in town and country, having met with many cases where the application of a bandage was indispensable, and the result always a favorable one, I consider it not only a duty but a privilege to add my testimony to the experience of Drs. Waller, Murphy, and others. I have been so long impressed with the necessity and importance of the support given by the above means in the latter months of pregnancy, and immediately prior to, during, and after, labor, that I sometime ago designed an elastic bandage, which has given me much satisfaction in the cases I have tried it; also one non-elastic, where elasticity would not be available. The use of the elastic one was most advantageously brought into action and put to the test three or four months ago, in a case of very severe hæmorrhage from the uterus, after the birth of twins, which was witnessed by my friend and neighbor, Dr. Golding Bird. After emptying the uterus of all coagula, &c. which had collected to an alarming extent, (a practice which I always adopt under such circumstances, and should not feel myself justified in omitting,) the bandage in question proved a most useful auxiliary; a napkin doubled was put between it and the skin, in order to increase the pressure. After repeated attacks of syncope and excessive flooding, the patient recovered by the use of the usual remedies, expressing herself in high terms of the benefit and comfort she had received from the application of the elastic bandage.

Description of the elastic and non-elastic Bandages.—The elastic one consists of a firm band of jean cut to the shape of the hips, with an elastic front, formed so as to adapt itself to the abdomen. At each end is a tape passing through a loop which ties across the abdomen.

The bandage used during pregnancy is more concave internally than the other; the elastic front being formed of wires placed transversely in rows of seven in number; the wires are covered with calico, and the space between corrugated in folds.

The flat bandage used subsequently to accouchment may be made either with wires or one piece of elastic band.

The non-elastic one is made of jean with longitudinal cords, laced in the front with an elastic band at the inferior edge.

The bandages have been shown to some of the heads of the obstetric art, and they have much approved of them, thinking that they were likely to answer all the purposes for which they are intended. A patient of Dr. Golding Bird's, laboring under ovarian dropsy, found the non-elastic bandage a great comfort and support: to use her own words, she considered it quite a treasure.—*London Medical Gazette.*

THE COLLATERAL SCIENCES.

On the Nervous Ganglia of the Uterus.

BY ROBERT LEE, M. D. F. R. S.

[In the London Medical Gazette of March 27, 1840, we find an abstract of a paper by Dr. Lee on the above subject, which had been read at the Royal Society. Two gentlemen were appointed to examine into the validity of the author's views, and their joint opinion being unfavorable to Dr. Lee, the paper was not published. Renewed investigations and demonstrations, however, have led to a revision of this decision, and the result is the appearance, in the Philosophical Transactions, of the very interesting paper which we now subjoin.]

In a communication to this Society which was read on the 12th December, 1839, I described four great plexuses under the peritoneum of the gravid uterus, which had an extensive connection with the hypogastric and spermatic nerves. From their form, color, and general distribution, and their resemblance to ganglionic plexuses of nerves, and from their branches actually coalescing with those of the hypogastric and spermatic nerves, I was induced to believe, on first discovering them, that they were nervous ganglionic plexuses, and constituted the special nervous system of the uterus.

Subsequent dissections of the unimpregnated uterus, and of the gravid uterus in the third, fourth, sixth, seventh, and ninth months of pregnancy, have enabled me not only to confirm the accuracy of my former observations, but to discover the important fact, that there are many large ganglia on the uterine nerves, and on those of the vagina and bladder, which enlarge with the coats, blood-vessels, nerves, and absorbents of the uterus during pregnancy, and which return after parturition to their original condition before conception takes place.

The uterus and its appendages are wholly supplied with nerves from the great sympathetic and sacral nerves. At the bifurcation of the aorta, the right and left cords of the great sympathetic nerve unite upon the anterior part of the aorta, and form the aortic plexus. The plexus divides into the right and left hypogastric nerves, which soon subdivide into a number of branches to form the right and left hypogastric plexus. Each of these plexuses, having the trunk of the hypogastric nerve continued through its centre, after having given off branches to the ureter, peritoneum, rectum, and trunks of the uterine blood-vessels, descends to the side of the cervix, and there terminates in a great ganglion, which, from its situation and relations, may be called the hypogastric ganglion, or utero-cervical ganglion.

This ganglion is situated by the side of the neck of the uterus, behind the ureter where it is passing to the bladder. In the unimpregnated state it is usually of an irregular, triangular, or oblong shape, with several lobes or processes projecting from it where the nerves enter, or are given off from it. In the long diameter it usually measures from half an inch to three-quarters of an inch, varying in dimensions with the size of the nerves with which it is connected. The hypogastric ganglion always consists of cineritious and white matter like other ganglia, and gray and white nerves issue from it, which proceed to the rectum, bladder, uterus, and vagina. It is covered with the trunks of the vaginal and vesical arteries and veins, and the ganglion has an artery of considerable size which enters it near the centre, and divides it into branches which accompany the nerves given off from its inner surface, and from its anterior and inferior borders. The hypogastric nerve, after separating into a plexus, enters its upper edge, and branches from the third and other sacral nerves its posterior border, and the whole of its outer surface. None of the branches of the sacral nerves pass over the ganglion to the bladder, though some of them enter its anterior edge where the vesical nerves are given off.

From the inner and posterior surface of each hypogastric ganglion, numerous large nerves are given off, which go back to anastomose with the hæmorrhoidal nerves, which accompany the arteries to the rectum, and pass with them between the muscular fasciculi of the organ. An extensive connection is thus established between the two hypogastric ganglia and the nerves of the rectum, and many large broad nerves pass off from the posterior and inferior parts of these ganglia to ramify on the sides of the vagina, and between the vagina and rectum.

From the inferior border of each hypogastric ganglion several fasciculi of small nerves are sent off, which pass down on the sides of the vagina, and enter several large flat ganglia about midway between the os uteri and ostium vaginæ. From these vaginal ganglia, innumerable filaments of nerves, on which small ganglia are formed, extend downward to the sphincter, where they are lost in a white dense membranous expansion, from which they cannot be separated without laceration. From this great web of ganglia and nerves on the side of the vagina, by which it is completely covered, numerous branches are sent to the sides of the bladder, which enter it around the ureter. All these nerves of the vagina are accompanied with arteries, and they often form complete rings of nerves around the trunks of the great veins.

From the anterior margin of each hypogastric ganglion, large white and gray nerves are sent off, some of which pass on the outside, and others on the inside of the ureter, and these branches meet in front of the ureter in a ganglion, which may be termed the *middle* vesical ganglion. There are other two ganglia formed on these nerves, one between the uterus and ureter, and the other between the ureter and vagina. These may be called the internal and external vesical ganglia. The ureter is thus inclosed within a great ring of nerve, which resembles the œsophageal ganglion in some of the Invertebrata.—The trunks of the uterine artery and vein are likewise encircled by a great collar of nervous matter, between which and the hypogastric ganglion, several large and some small branches pass.

The internal vesical ganglion, which usually has a flattened or long bulbous shape, is formed entirely upon the nerves which pass from the hypogastric plexus and ganglion, and run between the uterus and ureter. It has an artery which passes through its centre. It first gives off a large branch to the ring of nerve or ganglion which surrounds the uterine blood-vessels; it then sends branches to the anterior part of the cervix uteri, and afterwards a great number of small filaments to the muscular coat of the bladder behind, where it is in contact with the uterus. The internal vesical ganglion then sends forward a large branch which terminates in the middle vesical ganglion.

This ganglion sends off a great number of large nerves to the bladder. Some of these accompany the arteries, and can be seen ramifying with them upon the whole of the superior part of the organ, even to the fundus. Filaments of these nerves, scarcely visible to the naked eye, are seen ramifying upon the bundles of muscular fibres, occasionally forming loops, and inclosing them, or passing down between them to the strata of fibres below. Some of the smaller branches of the middle vesical ganglion do not accompany the arteries, but are distributed at once to the parts of the bladder around the ureter.

The external vesical ganglion is formed entirely upon the nerves which proceed from the hypogastric ganglion, and pass on the outside of the ureter. This is a small thin ganglion, the branches of which are sent immediately into the muscular coat of the bladder. It usually sends down a long branch to anastomose with the nerves and ganglia situated on the side of the vagina.

From the inner surface of each hypogastric ganglion numerous small, white, soft nerves pass to the uterus, some of which ramify upon the muscular coat about the cervix, and others spread out under the peritoneum, to coalesce with the great ganglia and plexuses situated on the posterior and anterior surfaces of the organ. Large branches also go off from the inner surface of the hypogastric ganglion to the nerves surrounding the blood-vessels of the uterus, which they accompany in all their ramifications throughout its muscular coat. Other branches of nerves pass down from the ganglion between the vagina and bladder. Soon after conception the blood-vessels of the nervous ganglia and plexuses now described enlarge, and the ganglia and plexuses themselves expand with the uterus. The long diameter of the hypogastric ganglion at the end of the ninth month measures about an inch and a half.

I have published a full description, with illustrations of the great ganglionic nerves surrounding and accompanying the blood-vessels, and of the ganglia and plexuses situated on the body of the uterus. The appearances presented in the fourth month of pregnancy by the hypogastric ganglia, and the ganglia and nerves of the rectum, bladder, vagina, and uterus, and also the great plexuses of nerves situated on the anterior surface of the uterus, are seen in the plate which accompanies this paper.

From an examination with the microscope of portions of the plexuses under the peritoneum of a gravid uterus of nine months, which had long been immersed in rectified spirit, Professor Owen and Mr. Kiernan were led to conclude that they were not nervous plexuses, but bands of elastic tissue.

'The tissue of the broad, white, reticularly inter-communicating bands of fibrous matter resembling nerves of the uterus,' observes Professor Owen, 'consisted of minute fibres, which were solid, smooth, equal-sized, cylindrical, and nearly transparent, irregularly interblended in their course; their diameter does not exceed 1-10,000th of a line. These bands correspond in structure with the fibrous modification of cellular tissue. The component fibres did not form tubes, nor were their interspaces filled with the primitive granules or cells of the nervous tissue.

In the nerves of the spinal system, the primitive fibres of the neurilema, which closely resemble those of the ordinary cellular and fibrous tissues, are arranged in the form of tubes, can be distinguished into cylinder and contents. The same structure, on a minute scale, exists, according to Valentin, in the sympathetic nerves; but according to the observations of Remak and Schwann, the component fibres form solid bands and are of a more transparent character than in the spinal nerves, but marked occasionally with swellings, and having granules in the interspaces.

I consider that the difference between the nerves of the sympathetic and the fibrous cellular tissue to consist, as regards their microscopic character, in the greater proportion of the granules or cells in the interspaces of the fine, reticularly interwoven, component fibres of the nervous band; and this difference I believe to exist between the two nerves of the sympathetic system and the white bands of fibrous matter which connect the peritoneum with the muscular substance of the womb, and which resemble a plexus of nerves.'

The tubular structure of the ganglionic plexuses on the body of the uterus has since been observed by Mr. Dalrymple, and the perfect resemblance of the uterine nerves to those of the stomach and intestines demonstrated. The following letter contains an account of Mr. Dalrymple's microscopical examination of the uterine nerves.

6 Holles street, April 21, 1841.

My dear Sir:—

After having seen and very carefully examined some weeks since, your very beautiful preparations of the nerves of the impregnated uterus, and after having felt convinced by their continuity, color, texture, and mode of distribution, that they really were nerves, I was a good deal surprised to hear from you, and others, that their identity had been doubted. I was aware that it would have been worse than useless to have asked you for a portion of such suspected cords to submit to the microscope, knowing that they had been very many months immersed in strong alcohol. It would neither have been fair to you, nor satisfactory to me, to have made such an attempt at solving the question.

Being anxious, however to satisfy myself upon the subject, I obtained an uterus, (unimpregnated,) and while it was quite recent, I traced several nerves, which I recognized, from their situation around the ureter, and upon the body of the uterus, to be similar to some you had previously pointed out to me. These filaments I submitted to the microscope, and used a very beautiful eighth-of-an-inch object-glass made by Ross. I found that it was impossible, with the most careful dissection, to detach any filament of nerve without including a quantity of cellular and elastic tissue; so that although the tubular portion, indicating the nerve, was distinct, yet it was surrounded by innumerable extremely minute threads, coiled and contorted, such as one finds the component of elastic tissue, and the ultimate element of cellular membrane.

Under slight pressure, however, the tube was plainly discernible, containing granular matter, not uniformly distributed, but collected in minute masses at intervals. Small blood-vessels were also seen here and there, with blood-discs within them, which served to indicate the difference between the nervous and vascular tubes, and thus to avoid the possibility of error.

Being, however, aware that some of the most distinguished foreign microscopical anatomists had differed as to what was the real characteristic of nerves of the sympathetic system, I should not have troubled you with this communication had I stopped here.

Feeling, from this discordance of opinion, that there was no absolute test, or at least one which was not open to cavil, I thought to try a comparison of the uterine nerves with those that undeniably belonged to the ganglionic system. I traced, therefore, some nerves upon the surface of the stomach, up to the great ganglion that gave them origin, and I selected some also from the small intestine. These I submitted to the same microscopical power, and under the same circumstances of light, and pressure and medium.

In all these I observed the tubular part filled with granular matter, and similarly collected in minute masses.

I also observed that each tube was surrounded by the minute serpentine threads before described. In fact so closely did they agree, in every particular, with the appearances presented by the uterine nerves, that it would have been impossible to distinguish the one from the other.

Thus by comparing the unknown with the known, despite the want of any absolute test, I feel perfectly satisfied of the true nervous character of the very beautiful plexuses you have so patiently and with so much labor developed.

Admitting then this intricate structure to be really nervous, it is a matter of no marvel that they increase in size during pregnancy. It would indeed be wonderful if the nerves alone remained stationary, while the muscular and cellular, the serous and mucous, and the vascular tissues increased, as it is notorious those structures of the uterus do during the period of child-bearing.

If, as is also indisputable, nerves shrink and atrophy when the function of an organ they supplied or lost is destroyed, is it singular that the uterine nerves should increase, when that organ rouses itself from inaction, to one of the most extraordinary exemplifications of temporary functional vigor that the animal economy can any where exhibit? Pardon me this prolixity, and believe me,

My dear sir,
Yours very faithfully,
JOHN DALRYMPLE.

Dr. Robert Lee, F. R. S.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Memoir of a Gentleman born Blind, and successfully operated on in the 18th year of his age.

BY DR. FRANZ.

At the birth of this young gentleman (the son of a physician) the eyes were found to present a two-fold defect of organization. Both eyes were turned inwards to a great extent—and cataract existed in both. Towards the end of the second year, keratonyxis was performed on the right eye, which was followed by iritis, and wasting of the eye-ball. Within the next four years, two similar operations were performed on the left eye, without any success, but with no destruction of the eye. The color of the opacity, at length, became of a clearer white, and some faint perception of a strong light was experienced by the boy.

Into the long and minute description of the state of this gentleman's eyes in his 18th year (1840) we cannot go. It appeared that the right eye was completely amaurotic, and the left, which had become atrophied, was the only one considered fit for an operation. The following were the steps taken:—

'On the 10th of July, 1840, in the presence of Dr. Swaine, and with the kind assistance of Messrs. F. Fowke and F. Steinhaeuser, I made an incision in the cornea upwards, and introducing a pair of fine curved forceps, armed with teeth, into the posterior chamber, I seized the anterior wall of the capsule by passing one of the blades of the forceps into its small aperture, and attempted by pulling it slowly to separate it from its adhesion with the uvea and its peripheral connexion, in which I succeeded without producing a prolapsus of the vitreous body, or tearing the capsule, which I now removed. After this proceeding, a large piece of the lens of an opake color, probably the nucleus, presented itself in the pupil, which was easily removed from the eye by means of Daviel's spoon; the pupillary aperture then appeared perfectly clear and black. The patient was now turned with his back to the light, for the purpose of trying a few experiments as to his sight, but from these I was obliged to desist on account of the pain which the light produced in the organ. Both eyes were then closed with narrow strips of court-plaster, and the patient carried to bed. Venesection, local bleeding, fomentations with iced water, continued without intermission for about forty-eight hours, together with the scrupulous observance of the most severe regimen, barely succeeded in keeping down the inflammation, the effects of which, in this case, where but one eye offered hope, were much to be dreaded, if it should surpass that degree which was necessary for the healing of the wound in the cornea. This process went on and terminated so favorably, that the cicatrix, situated close to the sclerotica, is now scarcely visible. The patient suffered from muscæ volitantes and from a considerable intolerance of light, pain being produced by even a mild degree of light falling on the closed lids. The muscæ volitantes were greatly mitigated, and the intolerance of light ceased, after the lapse of a few weeks, by the use of proper pharmaceutical remedies, by local bleeding, change of air, &c., and the employment of the ophthalmic fountain of Professor Jungken, which I have fully described in the Medical Gazette, vol. xxvii., p. 441. To promote the development of the power of vision, the use of the fountain was continued twice daily, with Pyrmont-water and latterly with simple spring-water, for the space of three months, when it was discontinued, as it began to irritate the eye.'

On opening the eye on the third day, he perceived a blaze of light, and all objects confused and in motion. He could not distinguish any object. The pain forced him quickly to close the eye. Gradual exposure of the eye to light habituated the organ to its stimulus; and when vision became tolerably distinct, all objects appeared so near to him that he was afraid of coming in contact with them, so that he was constantly correcting the sense of sight by that of touch.

On the 21st September, 1840, Dr. F. operated on both eyes for the congenital strabismus. This operation was so successful, that the gentleman's personal appearance was much improved. In November he was able to read the names over the shop-windows, and to tell the time, to a minute, by St. Paul's clock. The tide of human existence, however, in the streets, so confused and confounded him, that at last he could see nothing. By the Spring of 1841, the sight was much improved—and improving. The case, altogether, is very creditable to Dr. Franz, as well as interesting to the profession and the public. The paper is published in the Philosophical Transactions for 1841, Part I.—*Med. Chir. Rev.*

To Correspondents.

Dr. SHIPMAN's communication came to hand, and will be duly attended to.

Dr. ALLEN's letter in our next.

'A Subscriber' finds fault with us because we describe Dr. PATTISON's little Clinique as inferior to that of the College. 'A Subscriber' represents Dr. PATTISON as '*the* distinguished Professor whose *unequalled* abilities have long since gained him the highest reputation both in the schools of Europe and in those of our own country.' We fear that our correspondent is a *little* too partial to the worthy Professor to form an accurate opinion of the character of the rival *Cliniques*. We're not tacked to either school, and have nothing to do but tell the whole truth about both, whether it may be palatable or the reverse to any individual.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending May 14, 1842.

40 Men, 43 Women, 48 Boys, 20 Girls. Total, 151.

DISEASES.

Apoplexy	1	Intemperance	1
Asthma	0	Inflammation	0
Asphyxia	0	Of liver	3
Abscess	1	Of bladder	0
Aneurism	1	Of brain	5
Bleeding	0	Of stomach	3
Bleeding from stomach	0	Of chest	2
Bleeding from lungs	1	Of lungs	14
Burned or scalded	1	Of bowels	5
Casualties	1	Of throat	0
Cholera infantum	0	Of kidneys	1
Cholera morbus	0	Insanity	0
Cancer	0	Jaundice	0
Consumption	21	Killed or murdered	0
Convulsions	12	Lues Venera	1
Croup or hives	1	Mortification	0
Debility	0	Malformation	2
Delirium tremens	5	Marasmus	4
Diabetes	0	Measles	1
Diarrhœa	0	Old age	1
Death from poison	0	Organic disease of heart	2
Dropsy	3	Palsy	0
Dropsy in head	7	Rupture	1
Dropsy in the chest	3	Rheumatism	1
Drowned	0	Spinal disease	0
Dysentery	1	Suicide	1
Erysipelas	2	Sprue	1
Epilepsy	0	Small-pox	4
Fever	3	Scrofula	0
Scarlet	8	Teething	1
Typhoid	2	Tumor	1
Puerperal	5	Unknown	2
Remittent	0	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	2
Hip Disease	0	Worms	1

WILLIAM A. WALTERS, City Inspector.

City Inspector's Office, May 14, 1842.

THE
NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, MAY 28, 1842. No. 22.

LECTURES.

A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.

BY
JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture IX.

Complications of Pericarditis—Rheumatism—Pneumonia—Pleurisy.—Chronic Pericarditis—Diagnosis from Enlargement of the Heart.—Endocarditis.—Polypi.—Treatment of Pericarditis and of Endocarditis.

GENTLEMEN:—

Among the complications of pericarditis, there are two which are particularly worthy of your closest attention. To the first I have already alluded—acute rheumatism; the second is inflammation of the lungs and pleura, and the latter is a very common complication; it renders the disease infinitely more severe, and its frequent occurrence accounts, in part, at least, for the mortality. Now, if in these cases the affection of the heart, which sometime precedes and sometimes follows that of the lungs, were uniformly well marked, then the diagnosis would be sufficiently clear, and the treatment indicated distinctly enough. But in many cases, the symptoms of either the pulmonary, or of the cardiac inflammation, are very obscure. The great cause which renders inflammation latent, is the pre-existence of some other disease in some other part of the body when this inflammation is developed. For instance, you have a patient laboring under pneumonia, a disease of the lungs marked by sufficiently distinct symptoms; but suppose that in the course of this pneumonia, pericarditis sets in, then, instead of presenting well marked symptoms, it is not revealed by any symptom at all. The patient grows worse and worse, and finally dies, and you are surprised on finding that the pericardial sac is filled with an effusion of serum or lymph, and that all the evidences of the existence of acute pericarditis are fully developed. Here is an instance, if ever there can be one, which fully exhibits the value of auscultation. If you are then enabled to detect those physical signs which mark the existence of the affection of the heart, you will of course be at once led to the proper diagnosis, and your course will be perfectly clear. How foolish, then, the remarks of those who undertake to say, that while auscultation reveals the nature and seat of diseases, it does not throw any light on their treatment, as if diseases were not more properly treated where properly understood! I recollect one case which made a very forcible impression on my mind: I was called to see a young man, about thirty years of age, robust, and in the previous enjoyment of good health, but had now been indisposed for three days. The attending physician considered the symptoms as extremely obscure; there were considerable febrile excitement, acceleration of the pulse, heat of skin, more or less dyspnœa. No diagnosis had been made, nor any active treatment adopted, but disease about the chest was suspected. At first I was as much at a loss to account for the symptoms as the gentleman was, at whose request I had been called; but having afterwards placed my hand on the pulse of the patient, which one almost instinctively does in every case, I found that it was extremely irregular, and I was thus at once led to examine the heart, where I found, as distinctly marked as possible, all the physical signs of pericarditis. On further examination, I found evidence of the existence of extensive pneumonia of one lung. Here then the patient was laboring under the very complication of which I am now speaking, revealed by no characteristic symptom, with very considerable febrile excitement and slight dyspnœa. You may thus perceive the immense importance of studying these cases in reference to their complications, and in connection with auscultation and percussion, otherwise you can never attain any thing approaching to an accurate diagnosis.

Again, we have a form of pericarditis occurring which is chronic. I use this term as applied to cases which commence insidiously, and are developed slowly, and usually exist for a very long period of time. This chronic pericarditis may supervene on the acute form, just as chronic ophthalmia. In such cases, there is no great difficulty in forming the diagnosis. You have had the previous severe symptoms indicating the existence of acute inflammatory action, and usually with evidences of effusion of lymph, the formation of false membranes, or it may be that the opposite surfaces may have become united, and the grating sound be absent. You will find in such cases that the free action of the heart will be impeded: there will be more or less dulness on percussion over the precordial region, and if the disease have existed for a considerable time, symptoms of the enlargement of the organ. But in that form of the disease which is essentially chronic, you have quite a different assemblage of symptoms. Here the disease begins slowly, very much as simple hypertrophy of the heart commences; that is, the patient complains of more or less oppression about the chest, and difficulty of breathing on going up stairs; he experiences a gradual prostration of strength, and a slight degree of emaciation, for which he cannot account. Now, on examining these cases after death, we find that there is a very large proportion of serum effused in comparison with the lymph, which is in exact correspondence with the results of examination during life, to wit, flatness over the precordial region, distance of the sounds of the heart, and all the other symptoms indicative of serous effusion.

A very important question arises here,—how are these chronic effusions of serum to be distinguished from simple enlargement of the heart? The study of the general symptoms and the rational signs will not enable you to make this distinction. In both cases the disease proceeds slowly, and is marked by the same general assemblage of symptoms. But when you come to examine the precordial region all this obscurity vanishes, and no one accustomed to auscultation can hesitate a moment in distinguishing between the two affections. The physical changes in both cases are, in some respects, however, very much the same. In enlargement of the heart, there is absence of the respiratory murmur, dulness on percussion; in cases of effusion there is precisely the same results, also from the lungs being pushed from their place. But when you get thus far in your examination, you will see a disparity commencing. In enlarged heart you will find the apex striking against the ribs, but in case of effusion there is no such thing, the organ being pushed back against the spine. Again, the sounds of the heart in enlargement, are superficial and natural, but in effusion they are obscure and distant, owing to the distance of the organ from the parietes of the chest. These remarks are, I believe, sufficient to enable you to form a correct diagnosis in such cases; of course there can be no difficulty in distinguishing between acute and chronic pericarditis.

I wish now to direct your attention to another disease of the heart, entirely distinct from that which we have just had under consideration. I mean *endocarditis*, or inflammation of the internal membrane of the heart. Endocarditis, although a disease of very common occurrence, was not until very recently properly understood. Professor Bouillaud, of Paris, was the first who wrote clearly on this subject, and his observations have been confirmed by numerous writers since the date of his publication, and thus endocarditis is now as well known as pericarditis. Endocarditis is sometimes partial—sometimes general. When partial, it is principally confined to the valves. In certain cases you will find that after death the lining membrane of the heart is redder than natural, particularly on the right side of the heart, but this alone is no evidence of the previous existence of endocarditis. You will find that when a patient has died of a disease which tends to decompose the solids, as typhus fever, for instance, that those parts of the body which come directly in contact with the blood, imbibe more or less of it and become colored by it, and this accounts for the redness observable in some cases in the lining membrane of the heart, which has imbibed coloring matter from clots of blood with which it has been in contact. You must be careful then not to mistake this for the consequences of inflammation. If, however, you find that the membrane is thickened and softened, still more if it be ulcerated, or if there be patches of coagulable lymph, you can then have no doubt that these changes have been produced by inflammation; and they are frequently accompanied, during life, by symptoms confirmatory of this diagnosis.

The rational signs of endocarditis are so similar to those which mark the existence of pericarditis that it is impossible to distinguish the two affections by reference to them. There are in both diseases, the same palpitation and dyspnœa, the same febrile excitement, the same general assemblage of symptoms. But when you come to examine the precordial region, and study the physical signs developed there, you will commonly at once see the difference between the two affections, and be enabled to say which of them exists in the case before you. You will recollect that in pericarditis the physical changes all tend to push the heart back from the ribs, and the action of the heart is then apparently feeble. But in endocarditis the action of the heart is still superficial, and is as distinctly perceived as in health, nay more so, for it is usually very forcible and tumultuous, from the violence of the inflammation.

Commonly in these cases you have morbid sounds developed over the heart. You may have the bellows sound from thickening of the valves, or you may have, what you would not at first expect, the rough, rasping sound This latter sound is, you are aware, usually, when heard over a valve, connected with roughness of the corresponding orifice from ossific deposit, for instance. But, of course, you have no reason to suppose the existence of such changes in such a case as that now under consideration. How, then, you will ask, can we have such a sound generated so rapidly over the region of the valves? You will recollect what I said in a former lecture respecting the artificial production of the murmur. I then demonstrated that the simple increase of the rapidity and force with which fluid passes through an obstructed orifice, will of itself change the soft sound into a rough one. This is probably what takes place in this case. In endocarditis the irritation of the inflammation is so great that the heart is forced to act with tremendous power, and you have precisely the same result as in the experiment with an obstructed tube, which I described in a former lecture. And this, I think, illustrates a point which has not heretofore been satisfactorily explained; namely, the occurrence of a rough grating sound in endocarditis, which shall have existed only a few days.

These severe cases, however, are not the most difficult to distinguish. The obscure, latent form of the disease is not by any means so easily recognized. You recollect that in speaking of pericarditis, I remarked that it often existed in the latent form in connection with rheumatism. Now this is also true in relation to endocarditis, which you will frequently find developed in cases of acute rheumatism. You can, in such cases, easily recognize it, and treat it accordingly. But there are also some cases in which it is latent, or in which, after the patient recovers from the rheumatic attack, a low inflammatory action continues about the valves, and lays the foundation of organic disease. Many a poor patient who labors under organic disease of the heart, in its most aggravated forms, can trace it to this low, latent endocarditis, which never attracted the least attention from the physician who had discharged his patient as cured, when he recovered from the rheumatic attack. Therefore let me advise you never to allow a patient who labors under acute rheumatism, especially during the period of convalescence, to pass a single day without your making an examination of his heart And if any symptom of the existence of this latent inflammatory action manifest itself, as the bellows murmur over the valves, treat your patient with especial reference to that affection, which is of infinitely more importance than the rheumatic disease which is quite insignificant in comparison with that disease which has supervened. Never discharge your patient as cured until every sign of this affection of the heart is entirely removed.

I must now say a word or two on

POLYPI IN THE HEART.

You are well aware that after death we commonly find in the cavities of the heart, particularly in those of the right side, formations which are called polypi, and which are of the character of fibrous concretions. These are doubtless nothing more than soft coagula. They can be removed with very little effort. But we not unfrequently find formations which have evidently existed for a considerable length of time. Instead of presenting the appearance of these soft coagula, they are firm, and are in many cases more or less perfectly organized. I have never seen any specimen of these formations in an organized state, but the best pathologists have described them as being so, and that in some instances they even present cavities which contain pus and other fluids. They are usually found about the chordæ tendineæ, and are sometimes so firmly adherent to the walls of the heart, that they cannot be removed without tearing this structure. Now the origin of these formations may, I think, be accounted for by supposing that owing to some obstruction in the circulation, coagula are formed which produce irritation of the lining membrane of the heart, to which they become adherent, and finally are susceptible of distinct organization — These formations are occasionally the cause of sudden death, and the manner in which they produce it is this:—A polypus is usually found with one extremity either twisted round the chordæ tendineæ or attached to the walls of the heart, and the other loose and carried up and down by the blood, and through it produces a certain amount of obstruction, yet it does not do a great deal of harm. But it may happen that the polypus becomes so doubled on itself as completely to close up an orifice. Suppose in a given case you have a polypus as large as your little finger—a very common size—and an orifice as large as a two shilling piece, and you can easily see that if carried up there by the action of the blood, the polypus will only partially close the orifice, although it may create more or less disturbance; but if it become completely doubled up on itself so as to present double the surface which it did before, then you can easily perceive that all at once an orifice of the heart may be completely blocked up, and sudden death be the consequence. This is by no means an unfrequent occurrence, and you should never examine the body of a person who has died suddenly of organic disease of the heart without ascertaining whether this has been the case. I recollect a lady who was a patient under the care of Dr. Cheesman, of this city, who died suddenly of polypus. She had presented no very well marked symptoms of organic disease of the heart, but one day on attempting to open a window she fell back and expired. On examination, one of these polypous formations was found in the auricle, having more or less its shape, and which completely fitted into the auriculo-ventricular orifice. It had been playing up and down in the auricle, but had by some accident got into the corresponding orifice, which it of course obstructed, and so produced instantaneous death. In many cases of disease of the heart, there is reason to believe that a similar occurrence takes place. Frequently patients so affected, suddenly become worse without any apparent cause, and doubtless in consequence of sudden partial obstruction of some of the orifices by one of these polypous growths. Those paroxysms of great distress, with more or less obscurity about the sounds of the heart, with which we occasionally meet, are indications of the existence of polypi, although it must be admitted that the diagnosis is often very obscure though the symptoms may be positive enough.

I will now proceed to speak of the *treatment* of these inflammatory affections; and here it is important to state that endocarditis and pericarditis are to be treated on precisely the same general principles. This is very important, for in doubtful cases, when we are not able to form a perfectly satisfactory diagnosis, and say which affection exists, no doubt can exist as to the treatment proper to be adopted. The first most important part of the treatment consists in blood-letting. It is impossible to lay down unvarying rules for the extent to which the bleeding should be carried. Circumstances must of course regulate this; the severity of the disease, the age and constitution of the patient, and the period of the disease, must guide us in the employment of this great remedial means. There is a rule laid down by Abercrombie which I consider too valuable to omit mentioning; the rule is this, that in the treatment of inflammation of a vital organ, you produce a much better effect by moderate bleedings repeated at short intervals, than by larger bleedings at longer intervals. Let us apply this rule to the treatment of pericarditis. You are to bleed your patient till you produce a certain degree of syncope, and having done so, you are not to return after the lapse of twelve or twenty-four hours with the expectation of finding him better. On the contrary, you ought to see your patient every two hours, or sooner or later, according to circumstances. And as soon as reaction takes place, repeat the bleeding, and in this way you will not only produce a much more powerful effect on the disease, but will effect your object by taking away a much less quantity of blood than if you adopted the other method. Now in the most acute form of the disease, that which is sometimes fatal in forty-eight hours, and seldom lasts longer than four or five days, the necessity of active bleeding is of course indicated. There is no disease in which you can bleed more freely. But you will frequently meet with cases of a comparatively mild character, in which one moderate bleeding, to the amount of a pint or so at the commencement, will be sufficient. The next indication, after the employment of general bleeding, is to make use of local depletion over the region of the heart. The practice in this country is first to bleed from the arm, and if the violence of the symptoms be not overcome, then resort is had to leeches and cupping. But in France, after bleeding, they at once apply leeches, and so combine the effects of general and local depletion. But when, as with us, leeches are scarce and the patient unable to procure them, it is certainly better to carry the general depletion as far as we dare at first, and then resort to cupping or bleeding over the precordial region. Having fully carried out this depletory plan, we resort to other remedial means. And here let me remark that after depletion, the grand remedy is the free administration of mercury. No principle in therapeutics is better established than this, that in severe cases of endocarditis and pericarditis the mercurial is the only medicinal treatment on which we can place full reliance. I dwell on this point with the more earnestness, because I have seen enough and indeed myself followed far enough other modes of treatment, to be convinced that they were wrong, and that we can with safety rely only on the free exhibition of mercury in these cases. The mercury must be given in large and repeated doses in severe cases. In milder cases smaller doses are, of course, to be given. No general rule can be laid down for the administration of that or any other remedy. The following formula presents you with a very useful mode of administering the mercury:—

℞ Submur: Hydrarg: gr. iss.
Op: gr. 1-3.
Antimon: tart: gr. 1-6.
M. fiat pilula.

This may be repeated every second, third, or fourth hour, according to circumstances. Now you must not take it for granted that when the severity of the symptoms abates, you have cured the disease. You must not omit the medicine till all evidences of the existence of false membranes, or thickening of the valves, have entirely disappeared. Because if you leave unremoved any portion of false membrane, or any amount of thickening, the foundation of formidable organic disease may be laid.

Another remedy is blistering, and the employment of counter-irritation. I think it is a safe general rule with respect to the employment of blisters, that they should not be had recourse to till late in the course of the disease. It is, I think, a too common practice in this country, and certainly in this city, to apply blisters early in acute inflammatory diseases. I do not believe that blisters are beneficial till the disease manifests a disposition to pass into the chronic form. If, after you have carried your remedies sufficiently far, you find that the powers of nature will carry on the case to a perfect cure, nothing more is necessary to be done. But in certain cases you will discover that the disease is stationary. The patient neither gets better nor worse. The pulse is rather more accelerated than natural—there is only slight febrile excitement—but the local symptoms remain the same. It is in such cases where the powers of the system do not seem sufficiently active to produce resolution, that the employment of blisters will be found useful; and I believe they operate by inciting the vessels to increased action, just as we see in ophthalmia and other inflammations, which are better understood, blisters are applied not so much under the idea of overcoming the inflammatory action, as to stimulate the vessels to healthy action. Still, however, you must take care that you do no harm, and by the injudicious application of blisters light up the very inflammation you wish to subdue. If, for instance, the patient have become extremely reduced, and suffer from nervous irritability induced by the violence of the previous disease, or from some idiosyncrasy, then the application of a blister will aggravate these unpleasant symptoms. Nothing is more common than to see patients where the active treatment has been carried too far, very much injured by the application of a blister. In these cases also, the diet may be improved, and more nourishing food given. I have said nothing in my remarks on the treatment of these inflammations about diet, because I suppose you know very well what the antiphlogistic diet and regimen means. The diet should be low, consisting of toast-water, gruel, and the like, but at the same time it should be regulated by the circumstances of the case. If, for instance, the patient is of feeble constitution, or the disease is mild, it may be more nourishing than under opposite circumstances. The regimen is perfect rest and freedom from exposure to cold and dampness.

In the treatment of chronic pericarditis we cannot, unfortunately, do much. It should, however, be treated on precisely the same principles which regulate the treatment of the acute form of the disease. If there be reason to apprehend the existence of false membranes, or effusion in the pericardial sac, we must exhibit mercury in proper doses, and make use of counter-irritation, at the same time regulating the diet according to circumstances. But in those cases which are essentially chronic, and are developed insidiously, the diagnosis is not so clear, and the treatment is, of course, more difficult. They generally go on, despite of all treatment, to a fatal termination. Many practitioners are in the habit of resorting, in these cases, to the use of diuretics, with the view of promoting absorption of the effused fluid. This is, I think, a very mistaken idea. There is an immense difference between those effusions which are the result of inflammation, as in chronic pericarditis, and that effusion which takes place from venous congestion, as in hydro-pericardium. The latter may possibly be removed by the administration of diuretics, the former cannot; and as far as I can see, the treatment of these cases is based on entirely different principles.

A COURSE LECTURES

ON THE

Principles and Operations of Orthopœdic Surgery.

BY

WILLIAM DETMOLD, M. D.

Delivered at the College of Physicians and Surgeons, New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture I.

INTRODUCTORY.

GENTLEMEN:—I appear before you, for the purpose of conducting you into a new field of scientific labor; for surely I may denominate that a new branch of our art, which has been practised on scientific principles only within the last few years. Orthopœdic surgery presents to you unequalled and peculiar attractions, for I may safely assert that in every case a satisfactory result may be anticipated and promised, that is, if both patient and surgeon do their best. And already the triumphs of this art are wide-spread and acknowledged. Cases with which no surgeon would formerly have, for a moment, presumed to meddle, are fairly placed within the reach of curative treatment; and thus it may literally be said, that the lame have been made to walk, the crooked made straight, and even the blind made to see. If such has been the success of this science in its infancy, what must be the greatness of the blessings and advantages which it is yet destined to confer upon our race?

A few operations in orthopœdic surgery were known long since. The division of the sterno-cleido-mastoideus, in wry-neck, was first performed so far back as the middle of the 17th century; and Hippocrates himself, performed cures on the principles of this modern branch of surgery. It is true that his attempts were confined to the cases of infants with club-foot, which he treated without recourse to any operation; yet still this ancient professor of out art, may properly be said to have entered on this field, and the sound and judicious rules which he laid down, are still applicable and worthy of our regard. In the year 1784, a German physician, named Thilenius, first suggested the idea of dividing the tendo Achillis in club-foot. As he was a physician, and did not practice surgery, the operation was performed by a surgeon named Lorenz, and the result was perfectly satisfactory, the limb being quite restored. After him, two other German surgeons, named Michælis and Sartorius, performed the same operation, and with similar success. They published a full account of their cases, but their papers excited very little attention. After this period, the French surgeon Delpech took up the subject, and in the year 1816, divided the tendo Achillis in a case of club-foot, and succeeded finally, but with great difficulty. For a considerable time the safety of the patient was despaired of, and it was not until a lengthened period after the operation, that he could be assured that the limb could be saved from amputation, in consequence of inflammation and sloughing of the tendon. Delpech published the case, but instead of meeting with the approbation and support of his professional brethren, he encountered general opposition, which prevented a repetition of the operation, and thus the matter was again thrown aside and forgotten. Abundant evidence is afforded of the fact that the subject no longer occupied the attention of the profession, in the circumstance that so many distinguished men in Europe who were afflicted with such deformities as orthopœdic surgery can remove, passed from the world without any attempt of the kind being made. Prince Talleyrand, Sir Walter Scott and Lord Byron are familiar instances, to which I may refer in corroboration of what I have just remarked. I may add also an interesting case with which I am myself acquainted. A gentleman of this city, so recently as 1835, had his leg amputated by one of our most distinguished surgeons, on account of club-foot, which incapacitated him from walking. The surgeon, without ever thinking of attempting to remove the deformity, amputated the limb. This gentleman often calls at my office, and it would be difficult to express the poignant regret which he manifests on account of the performance of an operation which deprived him of a limb, whose deformity could now have been so easily removed.

The science which it will be my province, in the course of these lectures, to explain and illustrate, cannot be said then to have had any existence until the year 1831, when Dr. Stromeyer again performed the operation of dividing the tendo Achillis. He fortunately avoided those difficulties which had endangered Delpech's success. Stromeyer divided the tendon under the skin, and was perfectly successful. He shortly afterwards repeated this operation, and published an account of his success. But even at this period the subject did not attract much attention, and two or three years intervened before any surgeon followed the example of Stromeyer. I believe that I was myself the first in Europe who operated after Stromeyer. The French have attempted to claim the honor of the introduction of this operation for Delpech. But there are no just grounds for this claim; this credit certainly justly belongs to Stromeyer, as he first established the operation on a scientific basis.

It may be interesting to you to hear the manner in which Sir Astley Cooper expresses himself relative to this operation, and I will therefore read a short extract from a letter which Dr. Little, of London, addressed to Stromeyer:—'Sir A. Cooper saw the youth in whom the three tendons have been divided. The worthy knight and truly liberal surgeon was quite delighted, and hails your introduction de novo upon the sound basis of tendon cutting, as one of the greatest improvements in modern surgery. He said he regretted only that the merit was not due to one of his own countrymen. He said also, if he had not seen the cast of the hideous deformity cured by me, he would never have believed so much could be done by tendon cutting and steady extension. He remarked also that Lord Byron would have given half his fortune to have been cured; still he did not so much regret that you had not come forward ten or twenty years earlier, as you would have spoilt Lord Byron as a poet.'

In the year 1837, I came to this country and operated on several cases of club-foot. I published an account of these operations in the Medical Journal of Philadelphia, which was the first publication on the subject here, and I thus obtained the credit of introducing orthopœdic surgery to the profession in this country. Since that period a great number of operations have been performed throughout the country, and I have myself operated on about 400 cases of club-foot, and cut, perhaps, twelve hundred different tendons. It is certainly singular, that with such facts before their eyes as I have just detailed, the profession should have been so slow in adopting these operations, and entering on the wide field which was opened up before them. The only reason I can conceive for this indifference, was the utter ignorance which prevailed respecting the pathology of these deformities. They were called malformations, and as such were, it was presumed, not to be meddled with. No one regarded these congenital deformities as proper subjects for surgical interference. As illustrative of the ignorance and indifference which prevailed respecting the nature of these deformities, and the propriety of adopting any curative means, I may state that I have met in this country distinguished physicians who had never seen a naked club-foot—such a thing was quite a curiosity to them—and they had no idea that a foot so deformed had got toes! (a laugh.) But we are now better acquainted with the true character of these deformities, and call them diseases, or at least, the consequences of diseased action. No doubt surgeons were also deterred from performing any of these operations, from the impression which had existed from time immemorial that the wound of a tendon was likely to be followed by trismus. Experience alone could prove the error of this opinion, and that experience has now been attained. Thousands of tendons have been divided, but in no instance have the effects, formerly so dreaded, been found to follow. Perhaps the peculiar method adopted in the division of tendons in these operations, may have some effect in preventing the occurrence of strismus, but for myself I very much doubt whether wounds of tendons are more likely to be followed by that result, than those of any other tissue. Still, whether the exclusion of the air by making the incision under the skin, prevents ill consequences or not, it is sufficiently established that trismus is not in any case to be apprehended. This afternoon a worthy old practitioner asked me what proportion of patients I lost by trismus, and it was to his evident surprise that I informed him that I had never seen a single instance of trismus in consequence of the division of a tendon. It is clear then that this erroneous impression must have had great influence in preventing the performance of such operations as are embraced in orthopœdic surgery.

Again, the fear that union of a divided tendon, was difficult and rare, may have operated as a serious objection in the minds of surgeons. But this objection has also been satisfactorily disposed of by experience. I have never seen an instance of un-united tendon after an operation, and only two or three cases are recorded. In such cases the non-union has probably resulted from some idiosyncracy of the patient, or from some fault on the part of the operator. It is worth noticing the manner in which a divided tendon unites. After the division of the tendo Achillis, for instance, you find on examination that the ends are separated more or less, and so remain, according to the degree of extension employed. But in a short time the interstice is filled up by coagulable lymph, which forms a bed that contains and adheres to the divided ends of the tendon. This coagulable lymph shapes itself into a callus, which gradually coheres inseparably with the ends of the tendon, and after a time shrinks to the size, or somewhat less than that of the neighboring tendon, and assumes its color and fibrous character. The tendon becomes lengthened somewhat, but is as strong as before the operation, and I have never heard of the rupture of a tendo Achillis thus divided and thus re-united, which shows that it becomes sufficiently strong.

So we have all the objections which can possibly be urged against these operations, disposed of, and it is now worth your while to consider the field on which we are entering. Orthopœdic surgery has most to do with the muscular structure, for from that structure, chiefly, the deformities depend, which it is intended to remove. Let us, therefore, look at the muscular system in this connection. You are aware of the division of the system into the voluntary and involuntary muscles. The voluntary muscles are the organs of locomotion, but they have other duties to perform, to which, perhaps, your attention has not been so closely directed. They keep the bones of the skeleton in their proper places, and in this light they may be not inappropriately compared to the cordage which sustains in their proper positions the masts of a ship. Thus, a person may stand in a state of apparent rest or inaction, yet all these muscles are actively engaged in maintaining the upright position of the body. And as in order to maintain the upright position of the mast of a ship, the ropes which keep it in its place must be all of equal length, and their 'antagonism,' so to speak, be perfect, so in order to maintain the perfect integrity of the trunk, the power of the several muscles must be accurately balanced; each muscle and each set of muscles must have antagonists of equal strength, and perfect harmony of action must subsist. If there be any thing to mar this equilibrium, deformity must result. This relation of the muscles to each other we call their antagonism. And we may even assert that the involuntary muscles have their antagonism; only the fibres in that case cross each other, as in the stomach and intestines. But it is in the voluntary muscles that this principle is most powerfully and evidently developed. We find on one side of the arm the flexors, and on the other their antagonists, the extensors—the supinators on one side, the pronators on the other; and so on throughout the whole muscular system; and the more justly the muscles are balanced, the greater the equality in their power and action, the less is the danger of any disturbance of that equilibrium so essential to the harmony and integrity of the physical frame. We may therefore say, that the respective antagonist muscles are of equal power; as a general exception to this rule, however, we find that almost throughout the body the flexor muscles are somewhat stronger than the extensor muscles. We may in this regard form two classes of muscles, and say that those muscles which draw the different parts of the body towards its centre, and which I will therefore call the concentric muscles, are somewhat more powerful than their antagonists which move the parts from the centre, and which I will call the eccentric muscles. There are, besides this general exception, two instances of still greater disparity in power between antagonist muscles. The one is in the muscles of the lower-jaw, where for obvious reasons those muscles that close the jaw require more power than those that depress it. The other instance is in the muscles of the leg, where the muscles of the calf are for other obvious reasons much stronger than their antagonists, who are situated in front of the leg; for you will perceive that in raising the body on the toes, the muscles of the calf have to support the whole weight of the body, and therefore require great strength, whereas on the contrary, their antagonists are assisted in their action by the weight of the body. I have alluded to these points not without reason. It is clear that where there already exists a preponderance of power in one set of muscles over another, a slight cause will produce a loss of equilibrium. And accordingly we find that if a spasm seizes on a limb, and the spasmodic action continue permanently, in ninety-nine cases out of one hundred, the flexors will be found contracted; they are naturally most powerful, and when a loss of equilibrium occurs, it is found to be in favor of the stronger muscle. We find the same state of things in the eye. In the great majority of cases of strabismus the recti interni, which are the concentric muscles of the eye, are contracted. The proportion has been, I believe, established to be thirty-two to one. And so if the child in the womb be convulsed—so to denominate any disturbance of this equilibrium in the muscular powers—the strongest muscles will be contracted, and club-foot be the consequence. In the course of my lectures I will frequently recur to this principle, because it is one of universal application. In fact all deformities illustrate, more or less, distinctly the truth of this theory. In my next lecture, gentlemen, I will speak of the *causes* of these deformities, and afterwards I shall proceed to the more practical parts of the subject.

A COURSE OF LECTURES
ON SURGERY,
With Surgical and Pathological Anatomy.

BY

VALENTINE MOTT, M. D., PROFESSOR OF SURGERY, ETC.

DELIVERED AT THE

STUYVESANT INSTITUTE, NEW YORK, SESSION 1841–2.

Lecture XXX. continued.

'But in all similar cases,' continued the learned Professor, 'where there is no necessity for removing a large portion of the bone, it would be bad surgery to tie the carotid. I avow it fearlessly, that it is bad unless the disease is very extensive. I have in many cases removed this disease without tying the common carotid. I have tied it in four instances in the removal of these diseases, and never done so without being satisfied of the benefit of the practice. In a number of other instances—eleven, I think, or twelve, that I have had—I did not. I have tied the artery one day, and removed it the next. In those cases in which I tied the artery and performed the operation the day following, the hæmorrhage was comparatively trifling. But the hæmorrhage is much greater if both operations are performed on the same day. In order to remove this disease, different plans have been adopted as respects the external incision. My plan has been to occasion as little deformity as possible, and my course has been such as will be delineated to you in one of these drawings pretty well. That is the drawing of a young lady, from whom that tumor in the largest bottle, the most transparent one, was taken. You see the appearance of the incision after the operation. This was the first case in which I done so. I had an idea that it might be done by making the incision begin along up by the ear, say about half the distance from the upper part of the ear, and making it down over the tumor so as to make it semicircular, and terminate it here, about half an inch from the angle of the mouth. But this incision here terminated, so that immediately the mouth was opened and enabled me to put a saw through the wound; in that way I had plenty of room, and all the other steps of the operation were easily gone through, and I was enabled to get at the mass without any difficulty. And I sawed through this bone just where the jaw divides into the condyloid and coronoid processes here. So that they were separated. Without any further description you can easily see that this is any operation of no ordinary magnitude. It is an operation of great magnitude. An operation of great importance to the individual and difficulty to the surgeon. After all the mass is dissected from the pharynx, when a tumor of this size shall present itself—for example, look at that drawing—although not so large as the one in the bottle—but I say, after all the mass is dissected from the neck and every part to which it is adherent, the flaps are brought down and united by interrupted sutures. And it is certainly wonderful. That young lady I was in the habit of seeing occasionally for a number of years, that I might observe the appearance of the face; that being the first case, I lay stress on it as illustrating this plan; it is certainly beyond your credence the slight degree of deformity that exists. In truth there is no deformity. You might suppose that there was a 'caving in,' but there is not. The line of incision was below the line of the base of the jaw, and so was out of sight, and that is of great importance in the female sex. I pursued the same course and took the same precautions in all other cases. And you can form some idea of the astonishing cure without deformity, when I tell you that about two-thirds of the jaw were removed. Therefore that kind of incision answers every purpose. Others may make different incisions, but I am here to explain my own, and if I think my own plans the best, I take the liberty to recommend them to you.

'This is the first case in which I operated. And I here avow publicly and fearlessly that this is the *first* case in which the exsection of the lower jaw was ever made for *osteo-sarcoma*. I dare say some may think this a pretty bold assertion for a plain man like myself. But I say it boldly. I say it for myself and for my country! (Applause from the students.) I have compared notes with gentlemen all over, and I do say that I never read nor heard, when I performed this operation, eighteen or twenty years years ago, that the operation of removing the lower jaw for osteo-sarcoma had ever been performed by any living man. I know very well the case reported by Lisfranc, where Dupuytren, in a case of cancer of the upper lip, not only cut out the lip, but cut out a portion of the jaw, and brought it together by wires. That I know; but there was no case on record like mine: and I will tell you more, or I will say it in another shape before many days, (alluding to the celebrated Book of Travels,) and I have it from the mouth of a gentleman who translated my case in Paris. Dupuytren was told there was one case published in the English language, and he translated and gave it to Dupuytren, and he said he intended to give a *clinique* on that subject. He had never operated nor published any thing of that kind. And when Dupuytren's case was published it was *ante-dated.* This friend told me this, and therefore I maintain that my operation on the lower jaw is an original operation, and as such it ever shall be recorded (Applause.) The cases in which I have operated have amounted to a considerable number, and, as I observed to you, with the happiest results whenever the disease had not extended to too great a distance. But where the constitution is worn down by disease, and the patient cannot be expected to sustain the shock of a great surgical operation, we cannot hope for success. Therefore this operation will sometimes be fatal from the mere shock. I had some years ago a very interesting case—and certainly it was so then to me, and would be so now—but then it was still more distressing. And no man knows but those engaged in the profession of surgery, what our feelings are sometimes. In medical cases there is an amount of this sometimes, but a surgeon has a great deal more of it than a physician. When you perform an operation of novelty, perhaps of difficulty, and where, of course, the eye of the public are on you, and you have a great personal and professional responsibility to keep up, there is necessarily great anxiety. Formerly this affected me more than now, though still I can mourn for the loss of a patient, and the imperfection of our art. But this case was that of a gentleman who belonged to one of our Southern cities—he was in advanced life. He came to be operated on by me, and I urged him to leave the city and defer it, as it was summer, and he accordingly went to the country for a few weeks. Well, he returned, and I was prevailed on by his solicitations, and the urgent request of his friends, to operate. And I have more to say hereafter about the yielding to the requests of patients and friends. But I warned him of the danger, yet he was resolute and determined. And I did operate. He said he took all the responsibility. He would not lie down on the table, all I could do he would sit up, and he set up till he died. I never done the operation more neatly and better in my life. But he couldn't stand the shock. He was quite exhausted, and sank on the table. When he couldn't speak he wrote with his finger 'Death!' and it was so—he died!'

REVIEW DEPARTMENT.

Observations on some of the Signs of Live and Still-Birth, in their applications to Medical Jurisprudence. By John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the University of the State of New York.

This interesting and valuable paper, which is to be found in the 'Transactions of the State Medical Society,' has been on our table for several weeks, but we have not been able till now to introduce it to the notice of our readers. It is highly creditable to the sound judgment and indefatigable industry of the estimable author; and as the subject which it discusses is one of great importance, and cannot be too attentively studied, we have taken the liberty of transferring it to our columns.

In all cases of alleged child murder, one of the great questions to be established, is the fact of the child's having respired or not. As the signs by which this is to be determined are still the subject of much difference of opinion among medical jurists, it becomes important to enlarge our existing stock of knowledge, by the accumulation of new and repeated observations. With this view, I have embraced every opportunity that has been thrown in my way of examining the dead new-born subject. The following observations are founded upon the examination of ten such subjects, which I have been enabled to make through the kindness of some of my professional friends. To Dr. Wilson, formerly physician of the Bellevue Hospital, from which institution many of the subjects were furnished, I am particularly indebted. As the circumstances connected with the birth of each are known, no doubt or uncertainty can attach to the accuracy of the conclusions drawn from them.

Among the tests principally relied on to determine this question, the most important are the following:—1. The static test. 2. The hydrostatic test. 3. The state of the ductus arteriosus.

1. *The static test.* This test is founded on the fact, that the act of respiration causes an increase in the weight of the lungs. There are two forms in which this test has been applied. The first is by comparing the weight of the lungs with that of the body. This is commonly called Ploucquet's test. The second is that of taking the absolute weight of the lungs.

a Ploucquet's test. This is so called from its having been originally suggested by Ploucquet. It is founded on the fact, that as soon as respiration takes place in a new-born infant, an additional quantity of blood penetrates the lungs, in consequence of which, these organs become heavier than anterior to respiration. As the weight of the body of the child cannot undergo any change, he suggested accordingly, that a comparison of the weight of the body of the child with the weight of its lungs, would furnish a test by which to determine whether it had respired or not. From the few observations which he made, he came to the conclusion that where respiration had not taken place, the proportion between the weight of the lungs and that of the body, was as 1 to 70; while on the other hand, where respiration had taken place, it was as 1 to 35; or in other words, that the weight of the lungs was doubled in consequence of respiration. A test so beautiful as this, and founded apparently upon principles so truly physiological, it was hoped, would aid, very materially, to solve this important question. Numerous experiments and observations were accordingly made to test its accuracy in actual practice; and the result has been, that while some appreciate it very highly, by others it is viewed as altogether uncertain. In the ten cases which I have examined, the proportions are the following:—

Children that had respired.		*Children that had not respired.*	
1.	1 : 43	1.	1 : 58
2.	1 : 35	2.	1 : 36
3.	1 : 44	3.	1 : 49
		4.	1 : 32
Average	1 : 40	5.	1 : 50
		6.	1 : 52
		7.	1 : 54
		Average	1 : 47

Now the conclusions to be drawn from these observations, are manifestly adverse to the accuracy of this test. Taking the individual cases, there is not a single one of those which had not respired, which reach the proportions laid down by Ploucquet, while in the same list, cases 2 and 4 are very nearly the proportions laid down for children that have respired. If we take the general averages, too, of the cases, we find that they do not correspond with the proportions suggested by Ploucquet.

Since the time of Ploucquet, a great number of observations have been made by other persons, and as the result, they have all fixed upon different proportions. The following are some of them:—

	Before respiration.	*After respiration.*
Schmitt	1 : 52	1 : 35
Chaussier	1 : 49	1 : 39
Devergie	1 : 60	1 : 45

These, as being deduced from a large number of cases, come nearer the true proportions than those of Ploucquet, and correspond more nearly with my own observations. Still, however, it is to be recollected that they are mere average numbers, and therefore do not meet the circumstances of individual cases, which of course they ought to do, for the purpose of rendering them practically available. It may be asked, then, is this test to be rejected altogether? As an infallible one, it certainly should be. Notwithstanding this, it is still, I think, valuable as furnishing corroborative proof, and should, therefore, never be neglected. It should always be taken in connection with the other signs; and when this is done, it may aid very materially in coming to a correct conclusion.

b. Absolute weight of the lungs. By some it has been supposed, that the actual weight of the lungs would furnish another criterion of the fact of respiration having taken place or not. Accordingly, an average weight of 1000 grains has been proposed for the lungs of a child which has respired, and 600 grains for those of a child which has not respired. A moment's reflection, however, must convince us that this is still more uncertain than the test of Ploucquet. Children born at the full time, we know, differ greatly in their weight, and of course there must be a corresponding difference in the weight of the lungs. I have known a child born at the full time, healthy and perfect in every respect, and yet weigh only four pounds; while children weighing eight, nine and ten pounds are by no means uncommon. The lungs, therefore, of a child which had not respired, of nine pounds, would probably weigh more than those of a child of four pounds, which had respired; and such has been found to be the case by actual observation. In the cases which I have examined, the following were the weights:—

Before respiration.		*After respiration.*	
1.	540 grains.	1.	396 grains.
2.	720	2.	800
3.	900	3.	814
4.	890		
5.	900	Average	670
6.	690		
7.	689		
Average	761		

An analysis of these weights will show at once how fallacious this test must be. We have here, in three cases, before respiration took place, the lungs weighing more than in those which had respired; while the general average weight is greater in those which had not respired—just the reverse of what it ought to be according to this test.

2. *The hydrostatic test.* This test is founded upon

the difference in the specific gravity of the lungs before and after respiration. In other words, lungs which have respired will float in water, while those which not respired will sink. Every observation which I have been enabled to make, has confirmed me in the general accuracy of this test. It is liable, however, to certain fallacies or objections which require to be understood, to enable us to make a correct application of the test. On the one hand, lungs which *have not respired* may float from *putrefaction*—from *artificial inflation*—from *emphysema;* while, on the other hand, lungs which *have respired* may sink from *disease*, or from the respiration *being feeble* or *imperfect*. Of these, I shall only notice two, as they are the only ones, of which illustrations have occurred in the cases which I have examined. They are, however, the most important of all the objections.

a. Putrefaction. That the lungs of a child which has not respired may float in consequence of putrefaction, although at one time questioned, is beyond doubt. The case which I shall presently relate, independent of numerous others, establishes this fact. The modes of distinguishing it from the floating of respiration are simple and obvious. *a.* By the air bubbles being visible under the external covering of the lungs. In vital respiration this is not the case. *b.* By the ease with which the air can be pressed out of the lungs. By simply squeezing them in the hand, they can readily be made to sink in the water. In vital respiration this cannot be done. *c.* By the sinking of the internal portion of the lungs The air, in putrefaction, forms on the surface of the lungs; and hence the internal part, if cut out and put into water, will not float. In vital respiration, the internal part will float more readily than the external part of the lungs.

b. Artificial Inflation. That the lungs of a child which has not respired may be artificially inflated, so as to cause them to float, though doubted by some, is well established; and when this is the case, it presents one of the most puzzling problems—to distinguish it from vital respiration. The only test upon which any reliance can be placed, is the application of suitable pressure to the lungs. If the floating be the result of vital respiration, no degree of pressure can expel the air from the lungs, sufficiently to cause them to sink; while, on the other hand, in cases of artificial inflation, this can be done.

3. *State of the ductus arteriosus.* This is also called the *Vienna* test, from its being originally suggested by Prof. Bernt, of Vienna. It is founded on certain changes which take place in the ductus arteriosus, immediately after respiration. In the mature fœtus before respiration, this duct is about half an inch long, cylindrical in shape, with a diameter about equal to that of the pulmonary artery, and more than double the size of the branches of that artery, each of which is equal to that of a crow quill. If the child have respired a few moments, the duct becomes conical in shape, with its contracted part towards the aorta. If the child have respired for some hours or a day, it becomes cylindrical again in shape, but lessened in length and diameter. It is much less now than the pulmonary artery, and not larger than the branches of that artery. If the child have respired for several days or a week, the duct will be found still more contracted; its diameter will be not larger than a crow quill, while the branches of the pulmonary artery are much enlarged to the size of a goose quill.

The result of my observations goes strongly to support the accuracy of these observations. In six still-born children, I found the ductus arteriosus cylindrical in shape, and about the size of the main trunk of the pulmonary artery, and considerably larger than the branches of the pulmonary artery—in some cases double the size. In a seventh still-born child, I found it nearly the size of the pulmonary artery, but not much larger than its branches. In a child which had lived four days, the ductus arteriosus was cylindrical, three lines in length, and about the size of a crow quill, and not more than half the size of the pulmonary artery. In a child which had lived three days, the ductus arteriosus was two and a half lines long and cylindrical; about one-third the size of the pulmonary artery, and somewhat smaller than the branches of that artery. In a child which lived forty-six hours, the ductus arteriosus was one-fourth of an inch long, cylindrical in shape, less than half the size of the pulmonary artery, and about equal to the branches of that artery.

Although the foregoing observations, generally speaking, confirm the accuracy of this test, it is to be recollected that it is not to be relied upon in all cases. This has been shown particularly by Orfila.

I have thus, as briefly as possible, recorded the results of the foregoing observations, without indulging in the many comments which naturally suggest themselves. I have, however, in another place, so fully discussed all the points connected with this subject as to render them at present unnecessary.

Observations on the Climate, Topography, and Diseases of the British Colonies in Western Africa.

By E. J. Burton, M. D., Assistant Surgeon to the 25th Regt., late Assistant Surgeon to the Royal African Corps.

A series of very well-written articles under this caption have recently appeared in the *Provincial Journal*, and from them we make the following extracts, which will be read with interest.

It is perhaps not generally known that the French enjoy much better health in tropical climates than the English, this, however, is a fact, which may be observed by any person whose attention is directed to the subject. This superior power of resisting the influence of tropical climates, on the European constitution, may be attributed to more causes than one; the first, and perhaps the chief cause of this difference, is to be found in the geographical position of their country; this more especially applies to the South of France, the heat of which must in a great measure prepare its inhabitants for a residence in tropical climates. M. Thévenot, in his 'Traite des Maladies des Européens dans les Pays Chauds,' makes some curious calculations, showing the greater exemption from tropical disease of persons from the South of France, as compared with those from the more northern provinces; in one case, where the birth-places and other necessary facts could be clearly ascertained, he shows the deaths among the former to have been only one in twelve, whilst the latter lost one in seven. These cases were all treated in the same hospital. Is there a sufficient difference between the climate of the southern and northern parts of the British empire, on which to found rules for the recruiting of our regiments serving in tropical countries? Although it is quite rational to suppose that natives of the southern parts of Great Britain are likely to suffer less in a tropical country than those from the north, there exists considerable difficulty in making any practical use of such knowledge; a more interesting subject of inquiry, however, there could not be, than an investigation into their comparative capability of resisting the influence of hot climates, and their relative powers of bearing the effects of tropical disease.

* * * * * *

With regard to the preservation of health in Western Africa, there are a few precautions which may be taken upon that head; the person newly arriving in that country should not alter his mode of life, provided his previous habits were temperate, both in eating and drinking. Animal food should not be taken more than once a day, though an erroneous opinion exists in many cases upon the coast that it is necessary to eat and drink more than persons are accustomed to do in England, 'in order to support the strength.' All fomented liquors, wines, and spirits, are to be avoided as much as possible for the *first* year; the first year is here mentioned, as by that time the person has usually had his first fever, or undergone his 'seasoning,' as it is termed upon the coast. After this process of acclimation, it becomes necessary to live somewhat more generously; the moderate use of wine is now of great advantage, and weak brandy and water, especially if the person suffers much from ague, is by far the most wholesome beverage. Exercise is an important means towards the preservation of health in this country. Walking during the cool of the morning, if it is not found productive of fatigue, will be extremely useful; but, as a general rule, riding on horseback will answer every purpose better, and it is, moreover, less likely to produce that feeling of lassitude resulting from more active exertion. Exercise, of whatever kind, must be had recourse to early in the morning, before the sun acquires too much power, and in the evening, just before sunset, always taking care to avoid exposure to the noonday sun or the dews of the night, both not unfrequently proving the exciting cause of disease. The clothing, on account of the heat of the climate, must necessarily be light; but flannel should invariably be worn next the body, to assist in absorbing the increased cutaneous exhalation. Persons should always *sleep* and live as much as possible in the upper part of their houses.

* * * * * *

The *fevers* of Western Africa may be enumerated under the heads of yellow fever, 'bilious remittent fever,' 'simple bilious fever,' and intermittent fever.

Yellow fever generally appears in an epidemic form every seven years at Sierra Leone; the last visitation was in the year 1837. Much discussion has taken place in the colony as to the origin of this disease, some being of opinion that it had been imported, by far the greater number, however, considered it of local origin. It must indeed seem strange that it should be imported regularly every seven years; and, on the other hand, is it not equally curious that the local cause giving rise to this disease should lie dormant for a number of years, and then a fever break destructively forth, in such a manner as to leave its origin enveloped in mystery? When this disease appeared at Sierra Leone, and the Gambia, it was considered highly contagious, and proved extremely fatal—few, if any well marked cases, terminating favorably. This disease must be considered as having originated at Sierra Leone; its importation, however, in one of her Majesty's vessels to St. Mary's, is admitted on all hands. At this settlement it carried off nearly all the white inhabitants, and many of the natives; though frequent communications took place between St. Mary's and M'Carthy's Island, not a single case appeared at the latter settlement, as if to veil in still greater mystery its origin, and the laws which govern its transmission.* This disease has been considered by many as an aggravated form of remittent fever, and the idea is supported by the fact that all the symptoms are similar, only much more severe, in the former. This error, however, for error it must be considered, originates, I am led to think, in mistaking the *severer* types of bilious remittent for yellow fever, and it must still be considered that the latter is a specific disease, one in fact sui generis.

'Bilious remittent,' or as it is called on the coast, 'country fever,' though not by any means so formidable a disease as the one just mentioned, proves fatal to a greater number of persons on the coast, as it appears in an endemic form every rainy season. Indeed it can never be said to be altogether absent, as cases not unfrequently appear during the dry season. These latter cases are usually the result of exposure to the sun, dew, or excessive fatigue, especially if such exposure takes place up the different rivers along the coast.

Intermittent fevers may next be mentioned; they are met in all the usual types—viz. quotidian, tertian, and quartan. This disease, though by no means dangerous, seldom proving fatal, causes, perhaps, a greater amount of suffering than any other complaint incidental to the climate. Most persons suffer severely from it for six or twelve months after their first attack of remittent fever; indeed this is considered part of the 'seasoning' process; neither does it cease its attacks altogether after this pretty long term of probation, all Europeans expecting at least an annual visit from this most uncomfortable companion, and so tenacious is it of good company, that it usually accompanies its victim to Europe, and is seldom got rid of for months after leaving the coast.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, May 28, 1842.

Our attention has been recently directed to a subject very intimately connected with the preservation of the public health, and we make no apology for presenting it to the attentive consideration of our readers. We allude to the method by which it is proposed to introduce the Croton water into the dwellings of the citizens of New York. It seems that this water, which has been found on analysis to be almost perfectly pure, is to be conveyed into the houses by means of leaden pipes. Now it has been perfectly well established that pure water, which has been allowed to remain in contact with pipes or vessels made of lead, becomes impregnated with that material, and, as a matter of course, its use is attended with the most disastrous consequences. Many cases illustrative of the danger of using water poisoned in this way are recorded, but we would at present refer to only one, which is related by Dr. Christison, in his 'Treatise on Poisons,' and is perfectly applicable to the present instance. 'A plumber undertook to supply that town (Tunbridge) with water for domestic purposes, and in 1814 laid down a course of leaden pipes for a quarter of a mile. In the course of the subsequent year, many cases of lead colic occurred among the inhabitants who were supplied by these pipes; and one lady in particular, who was a great water drinker, lost the use of her limbs for some months. Mr. Brande analyzed the water which had passed through the pipes, and detected lead in it, while at the same time none could be detected at the source.'[*]

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* It being at present almost generally supposed that yellow fever is neither contagious nor propagated by infection, I wish particularly to mention the grounds on which it is stated that this disease was introduced and propagated by contagion, amongst the inhabitants of the Island of St. Mary's, in the year 1837. The crew of her Majesty's brig 'Curlew,' I think, but I cannot be quite positive as to the name, contracted the yellow fever at Sierra Leone in 1837, where it was then raging. She sailed from that place for change of air, and entered the port of St. Mary's, having at the time some of her officers and crew laboring under the disease. At the period of her arrival, St. Mary's was quite healthy, and free from *fever of any kind*. Some of the officers afflicted with yellow fever were landed and brought to the house of the colonial surgeon, Mr. Tebbs, who attended them; he was, in a few days, seized with the disease and died, although a 'seasoned person.' The fever now spread rapidly, the first cases being all traced to have had communication with Mr. Tebbs, or his patients. That this fever was imported into St. Mary's, and then propagated by contagion, is strongly supported by the fact that the disease commenced in this place, *previly healthy*, immediately after the arrival of the vessel having the fever on board, and that it never had before appeared at that settlement, nor has it ever appeared since. It is not wished to maintain that yellow fever is always contagious, or always propagated by the same cause; but the fact of its having been imported and propagated in this instance by contagion, is given as a simple fact, and not for the purpose of supporting any particular theory or argument.

In order to obviate the injurious effects, which thus inevitably follow from the use of leaden pipes for the conveyance of water intended to be drank and used for domestic purposes, the precaution of tinning the pipes has been recommended, and to effect this, a beautiful process has been invented by a Mr. Ewbank, which has received, as it deserves, the highest approbation of all competent judges of its merits. It is to this invention that we desire to call the attention of our readers, both in this city, and throughout the country, in the hope that they may feel it their duty to warn the public of the danger which arises from the use of pipes, pumps, cisterns, &c. that are formed of lead, for the conveyance and reception of water or other fluids to be drank or used for culinary purposes, unless some such precautionary process as that recommended and employed by Mr. Ewbank have been adopted.

In confirmation of our views, and in order to present the matter still more forcibly before the public, we add the following paper which has been handed to us, and which comes from a source entitled to the highest credit and attention:—

> For a long time past pipes made of lead have been used for conveying water for domestic purposes, and on account of cheapness and other qualities, it is one of the best materials that can be used. Instances, however, have occurred, from time to time, where water which has been conveyed through lead has become impregnated with the metal to such an extent as to prove highly injurious to health. Of late years it has been proved that the purest water is the most likely to receive this deleterious impregnation. Impure water containing much of the sulphates of lime, magnesia, &c. exerts rather a protective influence on lead; this is owing to the formation of a nearly insoluble sulphate of lead, which collects on the surface, and thereby prevents, to a certain extent, the further action on the metal.
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> An instance of the injurious effects arising from the use of lead for conducting pure rain water, has recently come under my notice:—A family residing in Chambers street, had been affected with cholic, which they attributed to the use of the water; upon analysing it I detected traces of lead, and it was ascertained that a large lead tube was used in the cistern.
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> As the Croton water, which is soon to be introduced into our city, has been found by analysis to be almost perfectly pure, it becomes highly important for our citizens to be on their guard as to the proper kind of pipes to be used for conveying the water into their dwellings. It affords me much pleasure to be able to recommend with the utmost confidence to my fellow citizens, the use of the *patent tinned* pipes of Mr. Thomas Ewbank, of this city. These pipes are perfectly coated, both on the inside and outside, with tin, which places the lead in such galvanic relation as to protect it perfectly from being acted upon by the water.
>
> James R. Chilton,
> *Practical Chemist.*
>
> *New York, May* 23, 1842.

We said last week that we should see whether that rule in the Constitution of the Widows and Orphans Fund Association, which excluded all individuals who 'publicly advertised to cure any disease' from eligibility to membership, would be faithfully applied. And we have seen. We confess that we had some natural misgivings about the sincerity of the lawgivers in this case, when we discovered that it was not necessary to pass beyond the limited circle of the original Committee itself, in order to seek an opportunity of applying the rule in question. Already the names of several of the culprits whom we recently held up to merited odium, appear enrolled on the lists of the members of this association. Truly, more in sorrow than in anger, we express our deep and unaffected regret, that the disgraceful conduct of those individuals who publicly advertise for patients, does not appear to elicit the honest and open and marked condemnation of *all* reputable members of our honorable profession. That it is viewed as it deserves by the great mass of our brethren we are well assured, but it is pitiable to see some of those who pretend to give tone to the character of the profession, shrinking from the faithful performance of their duty, and tacitly approving what they seem to have the desire, but lack the manliness, to condemn.

☞ A notice of the lamented death of Sir Charles Bell, with a brief biographical notice, will be found under the head of 'Intelligence.'

☞ The lectures of Dr. Detmold, of which we this week commence a full report, will amply repay attentive perusal. They will be, we believe, the first course of lectures on Orthopœdic Surgery, delivered in this country, and from the philosophic manner in which the Doctor discusses his subject, and the originality of many of his views, they will, we have no doubt, be received with great attention.

Our correspondent 'Candidus,' in the number for the week before last, was misinformed as to the fact that the edition of Dr. Stewart's Treatise on Children was nearly exhausted, and that a second is in preparation. Such is not the case, although the work has met with a very favorable reception and a steady sale, in all parts of the Union, as we are informed by the publishers, Messrs. Wiley & Putnam.

THE MEDICO-CHIRURGICAL REPORTER.

Cliniques at the College of Physicians and Surgeons.

DR. BULKLEY

commenced his Clinique with the exhibition of two severe cases of *Prurigo*, in which the pathognomic marks of that affection were well marked, and in which the back and limbs of both patients were almost entirely covered. The disease had existed in one three months, and in the other about six. In one, the exciting cause which provoked the return of the eruption, seemed to be some strong cheese, of which the patient had eaten. Certain articles of food are well known to act both as predisposing and exciting causes of this as well as other forms of cutaneous disease. Dr. B. remarked that he had found a combination of sulphuret of potash, rhubarb, and ipecac, either in pill or in mixture, of decided benefit in the treatment of this often intractable and always distressing affection. The pill will be found preferable for adults, in consequence of the extremely disagreeable odor and also nauseous taste of the sulphuret of potash. A pill containing from one and a half to two grains of each of the two former articles, and from a third to a half a grain of the latter, may be given morning, noon, and night, and sometimes at shorter intervals. The patient should also abstain from animal food during a part of the time at least, unless in a debilitated state, when plainly cooked fresh meat may be taken. All kinds of stimulating food and drinks must be carefully avoided, as well as gravy, pastry, &c. The itching may be allayed by means of alkaline washes, and if the patient does not object on account of its odor, a wash of the sulphuret of potash (ʒj. to ʒij. to oj. of water) is still more efficacious. Warm sulphuretted baths are also of service, and are much less offensive to the patient. Dr. B. remarked that a patient from the country, who was exhibited at the Clinique three weeks since, and in whom the disease existed principally at the bend of the elbows and on the inner surface of the arms, returned last week very much relieved, and indeed almost entirely well, after the use of this pill, and a wash of pearlash, preceded by a few alterative pills containing blue moss, followed by a mixture of rhubarb and soda. The disease had existed in his case for three years, and although but little was to be seen on the skin, it had been a very great source of annoyance to him from its excessive itching at times, and especially at night. He was suffering also under gastric derangement, which was marked by decided symptoms, and which was relieved by the means used. He reached the city too late for the Clinique last week, and was unable to return to the one to-day.

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[*] Christison on Poisons, 2d edit. p. 470.

The next case was one of *Mentagra*, in a man about thirty years of age, of six months standing, and affecting the upper lip principally, and the chin more or less. His habits had been intemperate, and had produced considerable derangement of the digestive organs, to the removal of which the remedial means were first directed, with the local application of stramonium ointment with acetate of lead (ʒj. to ℥j.), and frequent bathing of the parts affected with warm water.

A rare variety of that form of *Lupus*, which destroys on the surface alone, was then shown, seated on the arm of a boy ten or eleven years old. It had existed three years, and presented a very good illustration of the elementary tubercular form of the disease, and of the manner in which it progresses as it leaves one part to attack another, and also of the very characteristic scar like that left by a burn which, in this case, was about four inches in length and about two inches in breadth, with several tubercles covered with scabs on one of its edges. There were also a small scar of the same character on the breast, and a few on other parts. The child was evidently of a strumous diathesis. Dr. B. remarked that the indications of cure were to be derived from this diathesis, and that the remedies must be of a kind to modify it and to counteract its tendencies, as far as possible, such as the use of iodine in some of its forms, nutritious diet, exercise in the open air, salt water bathing, &c. Dr. B. proposed the use of iodide of iron in the present case, after some preparatory treatment which the state of the digestive apparatus seemed to render necessary. The great obstinacy of this disease, and the strong tendency to its re-appearance, even after the patient is apparently cured, must always be borne in mind in our prognosis respecting it.

A case of chronic *Lichen* on the arm, in which the part actually affected was of comparatively trifling extent, was introduced for the purpose of illustrating the lingering nature of this affection, and its tendency to return at certain seasons of the year, as the spring and fall; and the necessity of constitutional treatment insisted on and which must be persevered in, instead of using merely local remedies, which, although they may remove the disease from the small portion of the skin affected at the time, do but little towards the ultimate relief of the patient. Such cases are almost uniformly connected with some form of derangement of the digestive apparatus, to the removal of which our curative means must of course be directed.

The case of acute *Lichen of the face and forehead*, shown on a former occasion, was again exhibited, and had improved decidedly under the course of treatment which had been pursued, which was of a purgative and alterative nature, with warm bathing of the part affected.

There was also a very severe case of *Psoriasis guttata*, in a female fifty-six years of age, which covered the whole body and limbs, and had existed for ten years. Many of the spots were small, red and elevated, and so free from scales as to resemble papules, a modification of this affection which has been seen in other cases shown here.—Such cases seem to be accompanied with more itching than the ordinary form. This patient suffered from habitual costiveness. The liquor potassa would be worth a trial in such a case, after laxative treatment for a few days. It was not known what remedies had already been used.

A case of *papular syphilitic* eruption was then shown, in a black female. The *copper* tint in such a case will not aid in the diagnosis; but there was an evident areola about the elevated spots of a deeper hue than the surrounding darkness. The arrangement and mode of distribution of the papules, their seat, their persistance, the absence of itching, and the history of the case, with the accompanying symptoms, must be our guide to a correct diagnosis in blacks.

A case of particular interest, both from the age of the patient and the obscurity attending the mode in which the disease was communicated, was presented in a very well marked case of *pustular syphilitic* eruption, in a boy twelve years of age. The body and limbs were sprinkled quite thickly with the eruption in its different stages, from the newly-formed yellow pustule, to the thick, dark-brown, conical scab of what is called *syphilitic rupia*, which Dr. B. took the opportunity of illustrating (as he had already stated to be the case in his lectures on this subject) is a sequel of *pustular* and not of *bullar* disease in its elementary form, as its name would at first seem to indicate. As this patient was only seen a moment before his exhibition to the class, there had been no opportunity afforded to investigate the mode in which the disease had been communicated, nor to ascertain any particulars of the history of the case, which Dr. B. hoped to be able to to accomplish before the next meeting.

Three cases of *syphilis in infants* were now exhibited, two of the *ecthymatous pustular* form, and one of what is usually called the *scaly*, and by some writers the *papular*. The first was in a child, twenty-two months old, in which there were but few pustules, and a few consecutive ulcers, which were principally on the lower extremities, and a few on the breast. On the inner side of the ankle of the left foot there was a perfectly well characterized syphilitic ulcer, a little larger than a shilling piece, regularly circular, excavated, with elevated and indurated edges, a grayish surface, and a copper colored areola. The mother had already lost one child with the same disease. The infection in this case was derived from the father. The second case was in an infant four months old, in whom the disease first manifested itself about the age of two months in the form of brownish discoloration of the forehead and nose, accompanied by snuffling, which nearly or quite disappeared at the end of about three weeks, under the use of some powders which were given him. Nothing more appeared until a few days past, when numerous pustules appeared on the head, which were filled with yellow matter, but are now converted into brownish scabs, with a return also of the snuffling, and considerable hoarseness. There are also a few pustules about the anus. The disease was also communicated through the father in this case. In the third case, which was in a child nine weeks old, the eruption, which consisted of slightly elevated spots, covered with reddish brown scales, was thickly spread over the entire body and limbs. There was also congestion of the mucous membrane of the nostrils, producing snuffling, considerable ophthalmia, and the peculiar expression of old age so remarkable in children infected with constitutional syphilis. This case was not seen until a few moments before its exhibition, so that its particular history and the mode of infection could not be investigated.

Dr. B. remarked that the subject of infantile syphilis is one of great interest, and that it is very unusual that so good an illustration of its different forms can be shown within so short a period, and that, as the hour allotted to him had expired, he proposed to resume it at his next Clinique, and to make some remarks on the different modes of its communication, the forms it assumes, and the mode of treatment; at which time he should also endeavor to exhibit again one or more of the cases just seen.

Epidemic Erysipelatous Fever described as occurring at Middlebury in the winters of 1825-6 and 1841-2.

COMMUNICATED BY J. A. ALLEN, M. D.

No. II.

LOCAL AFFECTIONS.—During the prevalence of the present erysipelatous epidemy, local invasions of erysipelatous inflammation unpreceded by the ordinary febrility or constitutional pyrexial commotion, have been no rare occurrence. These affections have usually been very mild, and have in most instances disappeared without any remedial measures having been required. Some cases, however, of this character have terminated in suppuration. These invasions have, so far as they have come under my observation, been confined to the extremities with one or two exceptions. Sometimes they have occurred without any obvious cause; at others, the local disease seemed to have been produced by direct application to persons laboring under the prevailing exanthem, or by a scratch or wound. Several instances of this disease have resulted from affected teeth. In these cases the face has become swollen, red and vesicated, which, in the course of a few days, has subsided.

In one instance this local affection was caused by a puncture in the finger, received during the autopsy of a person deceased from the erysipelatous fever, on account of a fatal location in the head. A few hours after the accident, severe pain was experienced in the punctured part, and an erythematic redness extended on the course of the lymphatics to the axilla. The puncture was incised and rubbed with Nitrate of Silver, and the arm was kept enveloped with a fomentation of Aqua and Acetate of Ammonia. Alvine evacuations were promoted, and in a short time the complaint was arrested. This was probably a simple case of erythema *anatomium*; and, if it had not been checked in its progress, whether it would have assumed an erysipelatous character is happily a subject of inquiry.

These local difficulties without the systematic affection ought not to be mistaken for the prevalent disease. Similar affections have generally been the accompaniments of all extensive Epidemics, more especially, those of an exanthematic character. Lymphatic and glandular swellings were concomitant with the yellow fever of Philadelphia, reported by Rush, and the great plague of London was attended with imposthumations and glandular enlargements. These local ailments having been rife the past winter, denoted a pestilential period. The natural sanative influence of the human system afforded a sufficient barrier, against the induction of the prevalent disease in many instances, notwithstanding the strong epidemic tendency which has been so universally experienced. This self-preserving power is obviously possessed in essentially different degrees by different individuals. Hence, one person will sicken by being subjected to the same sources of disease, which will be inoperative on another person, or if those produce results, they will be entirely local and trivial. Since the epidemic tendency to erysipelatous pyrexiæ has prevailed; local lesions, which, in ordinary times, would hardly have excited attention, have in a circumscribed manner not unfrequently simulated the prevailing epidemy.—They ought to be regarded as *simulations*, not *true erysipelas*. They have been *erysipelatous inflammations* of J. Hunter, and usually of the *phlegmonade variety*. They have not been simply *erythemas*. They evidently have partaken of the nature of the *exanthema*. If in any sense they be regarded as *erythemas*, the specific epithet *erysipelatous* ought to be prefixed,—as *Erysipelatous Erythema*. This distinction will prevent the confusion which has resulted from giving the same name to a mere local disease which strictly speaking belongs only to a disorder which is constitutional, or in which the whole system is primarily affected.

CAUSES.—In addition to the remote and predisposing causes of the present epidemic, may be mentioned frequent and great alternations of temperature. The past has been a humid and mild winter. The thermometer of Fahrenheit has rarely been as low as zero, and only twice as low as twelve degrees below, and changes of forty or fifty degrees, in the course of twelve hours, have been common events. The winds have been most of the time either Westerly or South East. These latter have been damp and chilly, and when these easterly winds have constantly blown for several days in succession, attacks of the disease have been very frequent.

The disease has, also, during the former part and middle of the winter, prevailed more generally in the village than in the adjacent country, and other parts of the town. The fact is probably owing to two causes. In the first place, in the village the people are more congregated—more persons being residents of the same house or even the same room. In addition to this, the rooms or houses are generally kept uniformly at an elevated temperature, while there are few, if any, which are well ventilated. These circumstances alone are sufficient to prove fruitful sources of disease, and when brought to act in conjunction with the epidemic constitution of the atmosphere, which appears to have extended over an extensive tract of country, their influence must have been greatly augmented.

NUMBER OF CASES.—In the town of Middlebury, which, according to the census of 1840 contained 3,162 inhabitants, since the appearance of the epidemy in November last, not less than five hundred cases must have occurred. In November and December, only a few cases happened; and these, as it is usual at the commencement of all epidemics, of the most severe character. In the course of these six months, six cases terminated fatally. The cases were rather sporadic till near the close of December, when the attacks became frequent and numerous. During January and February, much the largest number of instances of the disease have been experienced in the village. As the severity of the winter abated, the complaint extended into the vicinity. Several places which had remained unaffected during the winter, suffered, extremely as spring advanced. Shoreham, in which hardly a solitary case had occurred, on a sudden was visited with the complaint, which proved mortal to several of its most valuable inhabitants. At this period, too, if we have been correctly informed, the disease become very rife at Vergennes, Rutland, Burlington, &c.

The whole number of deaths which have occurred in

Middlebury since the commencement of the year is *forty-two* ; of these *sixteen* have been from causes unconnected with the epidemic. *Twenty-six*, as correctly as it can conveniently be ascertained, have deceased with the Epidemy ; or, at least this number of deaths has been caused by this disease. Eight of the fatal cases, none of which came under my care, except as counsel, might with much propriety have been considered *à priori*, as inevitably fatal from the situation of the individuals who were its subjects. Five of these cases happened to persons in a puerperal state, and three in individuals who had for years been habitually in the use of alcoholic drinks. This latter circumstance, it is generally admitted, renders diseases of all kinds more unmanageable at all seasons, and during the prevalence any epidemy, usually makes them mortal.—The experience of all preceding epidemics confirms this position ; and, in none has it been evinced more than in the recent visitation of the Cholera, although the fact had been noticed centuries ago.

It is an observation, confirmed by the experience of ages, that during the prevalence of any epidemic complaint, all other diseases appear to be amassed in the prevalent disorder. In the erysipelatous epidemy of 1825—6, and in that of the past winter, the truth of this conclusion has been abundantly confirmed. In no instance has this fact been more fully verified than in cases of puerperal fever. At each of these periods, the puerperal *peretonitis*, has assumed an erysipelatous character. This fact, in my opinion, has been, manifested both from clinical observation, and obitual autopsy. Hence, the extreme fatality which has attended these cases. On the first occurrence of this disease in (1825–6) in this place, of *sixteen cases only two survived* ; and since the present epidemic season *five* similar instances have occurred, and *these have proved fatal*. Three, within forty-eight hours after the attack or chill. From these facts, it ought not to be inferred that all cases of erysipelatous puerperal fever are necessarily mortal, in all places and at all epidemic periods. It will readily be suggested to every experienced practitioner, that the severity of the disease, as well as an almost innumerable number of circumstances, may exist, which, aside from all reasonable treatment, will determine the event.

Of the whole number of fatal epidemic cases which have happened in this place this season, twelve, including the puerperal, have proved mortal on account of the local affection having taken place on the abdominal and hypogastic viscera ; six from the location having been in the head, and five from its having occurred in the lungs and trachea.

The immediate cause of death in the remaining cases has not been satisfactorily ascertained. It is sufficient to say, that five of these cases were subjects of empirical practice, of which no pathological report has been received.

Fragmenta Medico-Chirurgica.

Duntzer, in Vol. II. 'Neue Zeitschr. f. Feb. kunde,' relates the following case of double birth :—

First child a healthy boy ; second, a seventh month fœtus, still-born, but without any signs of putrefaction. The integuments around the navel wanting, and occasioning a prolapsus intestinorum through the umbilical ring. But the most interesting appearance was the formation of the ossa cranii : the two parietal bones formed pointed angles ; the frontal and occipital bones were entirely wanting.

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An otherwise healthy child presented an indentation on the left side of the frontal bone, extending from the superciliary arch to the coronal suture. This impression measured 2½ inches long, 1½ inches wide, and 1 inch in depth. It was caused by an exostosis of the size of a hen's egg, attached between the fourth and fifth lumbar vertebræ. The child is now six months old, and the formation of the cranium has become almost natural.—*Ibid.*

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Dr. Vehsemeyer has been obliged to close the station [ward] for Homœopathic patients in the Elizabeth Hospital, after three months existence. Thirty-five patients, including one who, on his own request, was transferred from the Allopathic station, were treated. Three were discharged cured, but returned soon after ; one of them was again discharged cured, and two remained under treatment. Of the remaining thirty-two patients, nine were discharged cured or partially cured ; three on their request transferred to the Allopathic station ; *eight died ;* one became crazy, and eleven remained when the station was returned to Allopathic physicians.—*Allgem. Mediz. Central Zeitung.*

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The celebrated surgeon Dr. Fricke, of Hamburg, died at Neapel in December last.

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Dieffenbach, of Berlin, recommends in Ptosis of the upper eyelid, division of the musculi orbicularis palpebrarum. In one case he divided this muscle in three places in its whole latitude. The eyeball was protected by a small hollow piece of wood, which was fixed under the lid. The incisions were made from a small point at insertion, with a narrow cured bistoury. The weakened levator palpebræ superioris began to act immediately, as by division of his opponent, the surplus action of the latter was removed. The cure was perfect.—*Med. Vereins Zeitg, No.* 47.

H.

THE COLLATERAL SCIENCES.

Remarks on the Portal Circulation.

BY PROFESSOR MILLINGTON,

Of William and Mary College, Williamsburg, Va.

TO THE EDITOR OF THE LANCET.

Sir :—

In the last number I received of your valuable periodical, (No. 19, 7th May, 1842) you introduce a short paper 'On the Signification and Ends of the Portal Circulation,' by Dr. R. Willis. This commences by stating that it has seldom or ever been asked, 'why is there such a singular departure in the circulation of the liver, from the ordinary mode of the circulation in general ?' &c. &c. It certainly is strange that so important a point of physiology should have met with so little attention.

Dr. Willis, in his paper, comes to the conclusion that the portal circulation is established as one of the economical operations of nature, of which many beautiful examples present themselves to all her close observers—and that it is in fact, 'a contrivance, a most admirable contrivance, to economise arterial blood.' In other words, if so large a viscus as the liver required to be sustained by arterial blood, it would be necessary for the lungs to purify and prepare a larger portion of venous blood for arterial circulation than is now necessary.

My attention was first drawn to the portal circulation, many years ago, by Dr. Jas. Curry, when he was Senior Physician in Guy's Hospital, London, while I was one of the lecturers attached to the medical school of that establishment. The Doctor had resided in the East Indies, where hepatic derangements are very common, and he devoted much of his attention and study to the liver. We proposed making some experiments on human bile, which had then not been much examined. But his sickness and death, and my want of leisure, prevented their prosecution. The attention I then gave to the subject induced me to adopt an opinion, that I have not since seen good reason to change, though I confess it wants the further corroboration of observation and experiment for its confirmation. To the best of my belief, it is original, as I have not met with any thing accordant with it in my reading; and as it does not exactly agree with what is set forth by Dr. Willis, I take the liberty of sending it to you, and putting it at your disposal. If you think it new, and worthy of consideration, you can print it in the Lancet, in the hope that it may draw the attention of anatomists and physiologists to a further investigation of the subject. If otherwise consign this paper to the flames. I shall state the leading features of my views, as briefly as possible. Physiologists are in the habit of stating that two circulations are always going on at once in the body, a major and a minor, or in other words, a general and a pulmonary one. My belief is that there are three—a general, a pulmonary, and a portal or hepatic one. The great mass of blood furnished to the liver by the portal system, appears more than can be necessary for the sustenance of that viscus; moreover, the liver is known to have another circulation, independent of the portal one; that of blood derived by the hepatic from the cæliac artery, which by its other large branches also supplies the stomach, the spleen and the pancreas. The liver has veins which communicate with the vena cava, and my opinion is that the hepatic artery is the nourishing artery of the liver by which the liver partakes of the general circulation, while the portal circulation may be performing other offices; in the same way that the heart is nourished by its coronary arteries and circulation while it is performing its part in the general and pulmonary distribution of blood. It is generally admitted that arterial blood, when it leaves the left ventricle, is thin, florid, and well suited to be distributed through the arterial ramifications, but by the time it reaches the right auricle, it is so changed in color and consistence, by absorbing carbon, nitrogen, and perhaps other principles from the body, that it would soon become unfit for the functions of circulation; and hence it is discharged into the lungs, that it may come into contact with the oxygen inhaled, in order that it may be purified by absorbing that oxygen, a part of which combining with the carbon is exhaled as carbonic acid gas, and thus the blood is said to be purified and prepared for a second arterial circulation. There is no doubt, I believe, of this fact; and I therefore admit fully that the venous blood, by passing through the lungs, receives all the purification that exposure to atmospheric air is capable of affording it. But it does not follow, as a necessary consequence, that mere exposure to air will make such a change in *all* the ingredients, the blood may take up, as shall render it quite fit for circulation; and it requires no very deep observation to perceive that the blood requires other changes to be wrought upon it, besides what occur in the lungs. There can, I think, be no doubt but that the urinary organs afford an additional means of altering or purifying the blood, and rendering it fit for future use. If the discharge of urine was merely to get rid of any superabundant fluid that had been introduced into the stomach, it would be more simply effected by its accompanying the other fæces; or by a direct passage from the stomach. But as urine never proceeds directly from the stomach, but is extracted from such blood as enters the kidneys, we see clearly that the kidneys are glands for drawing away that from the blood which would be detrimental to its action if it remained in it, and which is not simply water, but of an other matter that leads to lithia diseases. If, therefore the kidneys are glands accessory to the purification of the blood for future use, why should we deny that so large a gland as the liver should not be for a similar purpose? As the hepatic and portal circulation are independent of each other (except by occasional anastomosis,) the liver may be fed and sustained in its functions by arterial blood furnished through the hepatic artery, and may thus be enabled to operate on the blood while it is in the minute ramifications of the portal system, after it has entered the liver. It appears to me that venous blood is thrown through the liver, not for the purpose of nourishing it, but of becoming purified by the action of the liver, from such materials as the lungs are incapable of taking away from it, but which must be abstracted from it, before it is returned to the heart again. The liver is the gland for secreting bile, and that fluid is said to be necessary to complete the operation of digestion and excretion. This is fully admitted, and in a clinical point of view, the alkaline reaction of the bile seems well suited to neutralize the acid quality of the gastric juice, while its stimulating property may be useful in exciting the peristaltic and other actions of the intestines; and as nature does nothing in vain, this very bile, so necessary to the due operation of the intestinal canal, may be formed of the materials that the blood has taken up in its circulation, but which must be extracted from it before it is fitted to renew its circulation. The analyses of bile made by Thenard, and more recently by Tiedeman and Gmelin, show that it contains a coloring matter, a resin, and the sweetish and bitter material, *Picromel*, besides several minor principles, that are not found in the blood, and therefore do not seem to belong to it; and these are the materials which, in my opinion, the liver is destined to act upon, or to take up from the blood, and to discharge in the form of bile, a part of which may be necessary to complete the action of the stomach and bowels, while such parts as are inactive, pass away with the general fæces. The use of the spleen is problematical. It has a large artery to supply it—numerous fine ramifications within its body—and although it has no excretory duct, it has a vein that runs immediately to the vena porta. May not the spleen be a gland for extracting resin or picromel or some principle from the blood that may be a necessary ingredient of bile? Have any experiments been made to ascertain whether any change of bile, or of biliary action, takes place when the spleen is enlarged, or otherwise diseased? And may not the pancreas in like manner be working some change in the blood carried to it, by its artery, and given back in the duodenum as pancreatic juice? These are objects appearing to me worthy of inquiry, and which may lead to new physiological deductions. I urge none of these points as facts, because my time and opportunity have not permitted me to investigate them. But if worthy of attention, I hope they will not be neglected by such who have leisure and the means of prosecuting them. I beg to apologize for having trespassed so long on your space, and shall conclude by saying that instead of the portal circulation being formed to economize arterial blood, my opinion is, that the blood undergoes three distinct partial purifications in the venous circulation, which together make a perfect operation. Taking the order of succession in that circulation, the kidneys first take up any superfluous aqueous matter, urea, &c.; next the liver takes up the resinous and more solid parts, and renders the blood fit to enter the right auricle and ventricle; and lastly, the lungs finish the operation by the gaseous transformations that then take place, and thus prepare the blood for again passing the arterial circulation.

I am, yours, &c.,

John Millington, M. D.

William and Mary College, May 18, 1842.

On the Elastic Vertebral Apparatus, which is the chief means of maintaining the Erect Position.

BY M. DESCHAMPS.

The series of yellow intervertebral ligaments compose the system which M. Deschamps designs by the name of the elastic vertebral apparatus. This elastic apparatus is perfect in man, and is formed by a continued series of yellow ligaments in the interior of the spinal canal, which unite together the vertebral laminæ. It commences between the atlas and the axis, and terminates by joining the last lumbar vertebra to the sacrum.

Of all the Vertebrata, man alone has this structure complete; it is broken up and limited to certain regions of the spine in all the other mammalia, and in birds; its nature is changed in a great number of the vertebrated animals.

When the elastic apparatus consists of a structure simply composed of white pearly fibres, the spinal column has always a horizontal position, the animal is essentially quadruped. The Carnivora, the Pachydermata, and the Ruminantia are examples of this form of organization. The reptiles and fishes have equally a horizontal spinal column, and are provided with an intervertebral structure deprived of yellow ligaments.

Whenever the vertebral column possesses a continual series of elastic ligaments, it assumes a direction perpendicular to the line of the horizon. Thus the whole class of Rodentia assume by preference a sitting posture during eating, the lower part of their spinal column being perpendicular, the cervical and dorsal regions forming an arch bending forwards. In this class the yellow elastic ligaments are only found in the lumbar region; the rest of the column has only white fibrous ligaments. The horse, which alone of quadrupeds keeps its head elevated, is provided with this elastic apparatus in the cervical region, all other animals have it not, so their head hangs or is on a level with the rest of the spinal column. Birds, like the horse, keeping their neck upright, are provided with this apparatus in this cervical region; the rest of the spine being horizontal, is unprovided with it.

Man is, therefore, by his organization, formed to assume and maintain the erect posture. His natural posture is the erect, not the horizontal. The fœtus *in utero* is unprovided with this elastic yellow ligamentary apparatus at first; it is only gradually developed, first in the lumbar region, and then gradually extends to the atlas. As this apparatus becomes developed, the spine, which had a perfectly straight position, becomes curved as it is seen in after life, and this change begins to be effected from the moment of birth.—*Comptes Rendus des Séances de l'Academie des Sciences, December* 1841.

On the Ferruginous Bread of M. Derouet-Boissiere.

BY THE COMMISSION OF THE FRENCH ACADEMY.

M. Derouet-Boissière having been extremely successful in curing obstinate cases of amenorrhœa and chlorosis, which had resisted all other means of treatment, by means of bread impregnated with minute doses of iron, a committee of the Academy of Medicine was appointed to report on the subject. They accordingly saw bread prepared with small quantities of lactate, acetate, and protocarbonate of iron, and proceeded in the public hospitals to make trial of its powers. The bread was prepared in the proportion of 3½ ounces of bread to 3 or 4 grains of the salts of iron, and it is stated that when the iron did not exceed this quantity, the bread had no disagreeable flavor, though the chalybeate taste was slightly apparent.

During the months of November and December, 1840, seven chlorotic patients were treated with this bread in the Hotel Dieu. They were allowed two small loaves of this bread daily, each containing about 3 grains of the lactate of iron, and occasionally an equal quantity of subcarbonate. Of the seven chlorotic females, five had the disease in a very advanced stage, the other two were in a state of anæmia, brought on by repeated and copious evacuations of blood. These last two were not able to take the quantity of bread allowed them at first, but gradually became able to do so, and left the hospital cured, the one after six weeks of treatment, the other after two months. Their menstrual discharges were by that time completely re-established.

Two of the confirmed cases of chlorosis were sensibly improved after the use of the bread for six days, and one was dismissed cured in a fortnight, the other in a month.

The other three cases were old confirmed cases, which had resisted the usual treatment employed for the cure of this disease, and their cases are given in detail. In the first of these cases the treatment by the ferruginous bread was begun on the 20th of November, and by the 6th of December the menstrual secretion appeared and continued for three days. She was nevertheless kept in the hospital for another month, when having become quite regular, and all symptoms of chlorosis having disappeared, she was dismissed cured. The third case was the most severe, and the symptoms of chlorosis of longest duration; the health seemed completely broken. The treatment commenced on the 20th of December, and she was allowed two of the small loaves daily. For the first fifteen days there was little apparent improvement, but from this date the symptoms of amendment became obvious. Her pallid cheeks gradually acquired a little color, she improved in health and strength, and was dismissed with all the marks of health on the 22d of February.

Soon after this chalybeate bread was administered, the committee were able to detect the presence of iron in the urine, but its appearance there seemed to be inconstant, as they would often detect it at one time, and not at another.

The Committee from these trials concluded, that this is an excellent mode of administering chalybeates; that, when in the small proportion of two or three grains of this salt to the loaf of three ounces and a half, its presence cannot be detected by any change of color; that the salt of iron used is not decomposed by the process of baking; and that the iron can always be detected in it by the use of the ordinary reagents.

It may be remarked, that M. Derouet-Boissière was first led to administer iron along with the food, from the conviction that it would be more likely to be taken into the circulation, by being absorbed along with the chyle, than if given according to any of the usual methods.—*Bulletin de l'Academie Royale de Medecine.*

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Aged Subjects of Surgical Operations.

TO THE EDITOR OF THE LANCET.

DEAR SIR:—

Since my communication in relation to surgical operations on aged people was forwarded, the first number of the 'Medico-Chirurgical Review,' for 1842, has been received, and contains, I observe, a paper presenting the results of amputations at the University Hospital, London, by Robert Liston, Esq.

The number of cases which occurred in the hospital from the last day of June, 1835, till the termination of the year 1841, a period of six years and a half, has been 66; of these, 56 proved successful. Of the successful cases, *three* were from 51 to 60 years of age; four from 61 to 70; and one 75 years of age. Of the eight cases which occurred in persons over 51 years of age, all proved successful. This fact is presented on this occasion as affording additional evidence of the correctness of the position advocated in my recent communication *on surgical operations on aged people.* Yours, &c.

J. A. ALLEN, M. D.

Middlebury, Vt., May 7, 1842.

Death of Sir Charles Bell.

The last ship from the fatherland, brought the painful intelligence of the termination of the eminently valuable and useful life of **Sir Charles Bell**. We refrain from any expression of the feelings which the occurrence of such an event naturally inspires, and present our readers with a brief sketch of the career of this great man, who has so suddenly passed from amongst us.

Sir Charles was the youngest son of the Rev. **William Bell**, a clergyman of the Episcopal Church of Scotland, and was born in Edinburgh, in the year 1778. His attention was early turned to the study of anatomy, for while a mere youth he assisted his brother, Mr. **John Bell**, in his anatomical lectures and demonstrations. In the year 1799 he was admitted a member of the Edinburgh College of Surgeons, an immediately afterwards was appointed as one of the surgeons of the Royal Infirmary, where he exhibited remarkable skill as an operator. In the year 1806 he left Edinburgh for the wider and more liberal field of exertion presented in the British metropolis. Here he resolved to open his way to distinction as a lecturer on anatomy and surgery; and although he had many rivals in that honorable field, he soon acquired the most brilliant reputation. In the year 1812 he was elected a surgeon to the Middlesex Hospital, under circumstances of the most gratifying description. In the same year he was admitted a member of the London College of Surgeons, and a few years afterwards was appointed Professor of Anatomy and Surgery to that institution. The duties of this chair **Sir Charles** discharged with a zeal, dignity and success seldom if ever equalled. As indicative of the high reputation as a physiologist which **Sir Charles** had now attained, we may refer to the fact that he was one of the first in the list of those distinguished men who were selected to fulfill the wishes of the Earl of **Bridgewater**, who, we may remind our readers, left the munificent sum of eight thousand pounds, for the purpose of rewarding the author of a dissertation on the power, wisdom, and goodness of **God**, as manifested in the works of his creation. The 'Treatise on the Human Hand' was the result of the labors of **Sir Charles**, and is a lasting monument of the originality, erudition, and talent of the author.

On the accession of William IV. **Sir Charles** was honored, amongst a few other scientific men, with the Guelphic order. **Sir Charles** afterwards occupied the chair of Physiology in the University of London until the year 1836, when he accepted the chair of Surgery in the University of Edinburgh, when he returned to his native city.

The best eulogy of **Sir Charles Bell** is to be found in the catalogue of his principal writings, which we subjoin:—

A System of Dissections, explaining the Anatomy of the Human Body, and the manner of displaying the Parts, and their Varieties in Disease. Folio. 2 vols. 1799 and 1801. (With Plates from Drawings by the Author.)

A System of Anatomy by John and Charles Bell.

Engravings of the Arteries. 8vo. 1841.

Engravings of the Brain. 1802. Quarto.

Engravings of the Nerves. 1803. Quarto.

Essays on the Anatomy of Expression in Painting. Quarto. 1806.

A System of Operative Surgery, founded on the basis of Anatomy. 2 vols. 8vo. 1807. [To a future edition of which was added an *Appendix on Gun-shot Wounds.*]

Letters concerning the Diseases of the Urethra. 1810.

Idea of a New Anatomy of the Brain. 1811. [A short Essay, distributed amongst his friends, and containing the first annunciation of his splendid discoveries.]

Engravings from Specimens of Morbid Parts Preserved in the Author's Collection in Windmill street, and selected from the Divisions, inscribed Urethra, Vesica, Ren, Morbosa et Læsa, containing specimens of every disease which is attended with change of structure in those parts, and exhibiting the Injuries from the Bougie, Catheter, Caustic, Trochar, and Lithotomy-Knife, incautiously used, with Observations. 1 vol. Folio. 1813.

Essay on the Forces which Circulate the Blood. 1819.

A Treatise on the Diseases of the Urethra, Vesica Urinaria, Prostate and Rectum. 1820.

Observations on Injuries of the Spine and Thigh-Bone. Quarto. 1824

The Nervous System of the Human Body, embracing the Papers delivered to the Royal Society on the Subject of the Nerves. 1838. [A more complete edition appeared in 1836.]

There have been many other publications from the same prolific source, and many valuable papers to be found in the archives of the Royal Societies of London and Edinburgh, and in the Medico-Chirurgical Transactions.

The extent and importance of **Sir Charles'** labors in that peculiarly interesting field to which he was specially devoted, need no comment. They have gained for him a measure of scientific renown, which has rarely fallen to the lot of any individual.

In private life **Sir C. Bell** was distinguished by great simplicity of manners and deportment, and that modest, unassuming amiability which sheds such lustre on genius and greatness. His name will never be forgotten.—Throughout our profession, it will ever be cherished as a household word.

To Correspondents.

'Alpha' has been received, and will be duly attended to next week. Ditto—several papers.

Dr. **Bancker**, of Hudson street, in this city, writes us expressive of his disapprobation of Mrs. Betts' admirable 'Uterine Supporter;' on what grounds, he saith not very explicity; and recommends the instrument invented by a Mrs. Dibble, as of superior excellence. Who is Mrs. Dibble, and what is her instrument?

'Inquirer' is referred to our advertising columns respecting the Pittsfield school.

'One of Many' is informed that we will in due time pass under review the most prominent medical schools in this country, and compare their respective merits. *Pazienza.*

Dr. **Kuyper's** interesting communication will appear in our next. It was mislaid, hence its non-appearance in our last.

☞ Dr. **Perkins**, of Castleton, Vt., is requested to answer the communication from our publishing office.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending May 21, 1842.

40 Men, 43 Women, 48 Boys, 20 Girls. Total, 151.

DISEASES.

Apoplexy	2	Intemperance	1
Asthma	0	Inflammation	0
Asphyxia	0	Of liver	1
Abscess	1	Of bladder	0
Aneurism	0	Of brain	4
Bleeding	0	Of stomach	1
Bleeding from stomach	0	Of chest	2
Bleeding from lungs	1	Of lungs	11
Burned or scalded	0	Of bowels	1
Casualties	2	Of throat	0
Cholera infantum	1	Of kidneys	0
Cholera morbus	0	Insanity	1
Cancer	1	Jaundice	0
Consumption	32	Killed or murdered	1
Convulsions	8	Lues Venera	1
Croup or hives	1	Mortification	1
Debility	0	Malformation	2
Delirium tremens	1	Marasmus	2
Diabetes	0	Measles	1
Diarrhœa	2	Old age	2
Death from poison	0	Organic disease of heart	4
Dropsy	4	Palsy	2
Dropsy in head	4	Rupture	0
Dropsy in the chest	1	Rheumatism	0
Drowned	3	Spinal disease	1
Dysentery	2	Suicide	0
Erysipelas	1	Sprue	1
Epilepsy	0	Small-pox	4
Fever	2	Scrofula	0
Scarlet	9	Teething	1
Typhoid	6	Tumor	1
Puerperal	3	Unknown	1
Remittent	0	Ulceration of throat	0
Bilious	0	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	0
Hip Disease	1	Worms	0

William A. Walters, City Inspector.
City Inspector's Office, May 21, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, JUNE 4, 1842. No. 23.

REMARKS ILLUSTRATIVE OF THE NATURE, SYMPTOMS, AND TREATMENT OF SPINAL CURVATURES.

BY

RICHARD S. KISSAM, M.D., NEW YORK.

[WRITTEN FOR THE LANCET.]

No. I.

There are no diseases which have stronger claims upon the attentive consideration of the medical practitioner, than those which affect the integrity of the spinal column; and he must have very little sensibility indeed, and be sadly destitute of humanity, who can regard the unhappy and deformed subjects of these affections without the deepest sympathy. Yet too frequently,—and the admission is anything but creditable to our profession,—the calamities of this portion of our frail and suffering race, instead of exciting the attention and study of men of ability, is left in the hands of empirics. Spinal deformities have not received that degree of attention from the profession which they demand. They have been looked upon as, in a great measure, altogether beyond the reach of remedial treatment, and any attempt to effect their prevention has been deemed by many a hopeless and a useless work. Curvatures from caries are almost universally abandoned as hopeless. The subject to which the writer would thus venture to direct the minds of his professional brethren, has received a considerable share of his attention for several years past, and he now offers, in a plain and practical form, the results of his experience and observations.

It will be sufficient for our present purpose to divide Spinal Curvatures into the following varieties:—

I. Simple lateral curvature.

II. Lateral curvature with projecting hip, shoulder, and ribs.

III. Lateral curvature from diseased bone.

IV. Concave curvature, producing a hollow back.

V. Convex curvature, producing a hump back.

This division, we admit, is not strictly scientific, for some curvatures are produced by diseased muscular action, and others by disease attacking the osseous system; still the spine is *variously curved*, and for all practical purposes the above division may be adopted.

I.—SIMPLE LATERAL CURVATURE.

This is perhaps the most common variety of all the deviations of the spinal column; indeed, in civilized life, few females of the upper ranks of society have a perfectly healthy spine. Although the back is never entirely straight, still it sometimes is so, with the difference only of the inequality observable in the two halves of all the other parts of the body. Upon examination, in almost every case the right shoulder will be found to project further than the left; this is probably produced by the more frequent use of the right arm. But this appearance is very different from that presented in those cases included under the head of 'simple lateral curvature.' The curvature in these cases generally involves all the dorsal, most of the lumbar, and some of the cervical vertebræ; the curve is semilunar in shape, describing the segment of a circle about four feet in diameter. The body is convex on one side, and concave on the other. The head is thrown towards the concave side in the commencement of the disease, but in the course of time the head will be inclined towards the convex side, and thus cause an opposite curve in the neck, and also a slight corresponding curve in the lumbar region. These last curves are occasioned by an effort to produce an upright position of the head, and bring the centre of gravity in its proper position. The case then becomes one of the second variety. The shoulder also of the concave side is depressed, and the convex, which is generally the left side, correspondingly elevated. When the patient is placed in a horizontal position, and strong extension made, the contracted muscles of the side and back are put upon the stretch, and the spine will appear much straighter. In some instances these shortened muscles can be distinctly felt, and it would seem if they were only cut, the back would assume its upright position. This, perhaps, is a good practice in some cases, and is followed by remarkable alleviation of the curvature.

Generally there is no very great functional disturbance either of the heart, lungs, or digestive organs. Sometimes, however, the lungs and liver suffer pressure, and then there will be difficulty of breathing, and pain in the right lumbar rigion. The heart is occasionally compressed; in such cases there will be frequent palpitations. The curve being so obtuse, the nerves which pass from the spinal marrow between the vertebra, are not generally compressed, but when there exist anomalous pains in the sides, bowels, and inferior extremities, they may be correctly referred to pressure of these nerves, and will be found temporarily relieved by a recumbent or extended position. Besides these pains, there is in the back a constant sense of uneasiness, and actual pain after active exertion; and from this cause, the patient is inclined to live inactively and within doors; then follow, as a matter of course, imperfect digestion and general debility. Should the patient seclude herself from the world, because of her calamity, her mind will naturally prey upon itself, causing an aggravation of all her symptoms; for it will be shown in another paper that mental anxiety is of itself a cause of this disease.

The curvature seldom extends beyond the spine, but occasionally the lower and upper extremities partake of this disordered action; and in some rare instances, the body is so far distorted as to resemble a circle, the knees and head actually coming in contact. Paralysis and loss of sensibility are very unfrequently attendants in this form of curvature, and only occur in extreme cases. This variety most generally affects young females, but delicate boys are not unfrequently the subjects of it.

II.—LATERAL CURVATURE WITH PROJECTING SHOULDER, HIP, AND RIBS.

In the last section we described simple lateral curvature; we now proceed to the appearances and symptoms of *compound* lateral curvature; which we have so designated, from the most obvious distortions observed in persons affected by it, and because the term is expressive and very easily understood. This is a compound curvature because the spine is not only bent in three or four places, both right and left, but is also twisted on its own axis; in some cases so much so, that the sides of the vertebræ can be felt and seen behind. The natural spine resembles in shape the old italic *S* when viewed in profile; so also does the compound laterally curved and contorted spine, when seen from behind. The back of the patient is much more flat, has lost its graceful curve, and the gentle swell of the natural spine between the shoulders is twisted to one side, under the shoulder blade or scapula, and has elevated it and pushed it from the ribs. The twisted and bent spine has displaced and increased the natural angularity of the ribs, and caused them to *project* on one side, and draw those of the other side inwards, and produced a corresponding hollow or concavity.

The first sign of this form of disease may be observed in a slight displacement of the upper dorsal vertebræ towards one side, generally the right; this gradually increases; the corresponding shoulder becomes elevated, the neck and head incline to the other side; and then the hip of the left side projects in proportion to the greatness of the displacement of the right shoulder. I will explain the reason of this. The spine, near its centre, is bent and twisted to the right side; this naturally projects the right shoulder and arm forth from the centre of gravitation of the body, to relieve this tiresome and painful position the left hip is thrown out involuntarily to act as a balance to the shoulder; this position being constantly preserved, the parts involved accommodate themselves to it; but all this time the spine is getting bent, so as to allow the shoulder to come in again; this produces a counter curve above the shoulders, and the hips are brought in by the same process which produces another counter curve, so that in some instances we have *four* distinct curves. The bend at the shoulder, which is the original one, is the segment of a smaller circle than either of the others; and the curvature of the lower dorsal and lumbar vertebræ follows the course of a much larger circle, while the curve of the neck observes the medium course. The invasion of this form is very insidious, and, unlike the simple variety, is gradual in its approaches. The causes which operate to produce it are various, so that the symptoms of access vary exceedingly; when it results from constitutional causes, there will be general disturbance of the system; listlessness, weariness, loss of appetite, sleeplessness, and general irritability. Upon rising in the morning, the patient will either throw herself into a chair or recline on a sofa; when standing, will seek support by leaning on a table, the mantel piece, and standing first on one leg, then on the other. A great disinclination for active exercise also manifests itself. Sometimes she will complain of debility of the lower extremities; also, of tingling sensations there, and of occasional numbness and cold feet. The back itself becomes painful, especially about the loins; the bowels are costive, the mouth bitter, the head aches. When malposition is the cause, scarcely any of these symptoms are present, except the pain and uneasiness of the back, and slight debility of the legs. When the curvatures become confirmed, all the symptoms of the first variety may appear. The heart, lungs, and liver may suffer by compression, and the digestive organs becoming implicated, dyspepsia may ensue. In constitutions originally feeble, or debilitated by close confinement, by deprivation of proper exercise, or too much study and improper regimen, this variety sometimes assumes terrible aspects. With the spine bent and contorted, producing a train of nervous symptoms, which only it can produce, by disordering every function of the body, life is rendered undesirable, and frequently irksome. Unable to exercise from the consequent pain; unable to partake a social meal from consequent indigestion; unwilling to expose her figure to curious strangers, for fear of ridicule, can we wonder at rapid deterioration of both body and mind? Health and temper having departed, life becomes very, very irksome. Young females are most subject to this affection; but occasionally you may see a man walking *sideways*, as it were—and he is an unfortunate—ten to one but his friends call him nervous; there is a cause for his nervousness in a *twisted* spine, and very likely he is a dyspeptic.

III.—LATERAL CURVATURE FROM DISEASED BONE.

This is a rare form of disease, but is very readily recognized in its confirmed stage. When curvature is caused by a disease of one or more vertebræ, the curve, as in external curvature, is rather an *angle* than a true curve; a person thus affected will bend suddenly to one side. There will be but one angle, which may appear at almost any point of the spine. It is not necessary here to give a very detailed account of the symptoms preceding, and the effects following this variety of spinal curvature, as they are very similar to those accompanying the external form.

Lateral curvature from diseased bone, is produced in the same manner as external curvature; they both proceed from *caries*—an ulcerative absorption of the bodies of the vertebræ, commencing either in the body of the bone, or in the cartilage, between them. A wedge-like shape being destroyed on one side, or the entire half of a vertebra being absorbed, the spine having lost its support naturally falls to the side affected; the parts, if left to nature, are generally curved by the adhesion of the approximated vertebræ, which become consolidated, and thus an anchylosis is formed. These cases were formerly left to nature, so far as *form* was concerned, but now, I believe, all surgeons who have attended to the subject admit that *proper* support may do much to prevent the consequent deformity.

The symptoms preceding this distortion are referable to the local disease. Pain and debility in the part affected, disturbance in the digestive organs, pain at the pit of the stomach, and as the ulceration advances and approaches the spinal marrow, a set of nervous symptoms arise; numbness of the parts below the disease; convulsive movements; paralysis, especially of the side affected. When the curve is formed, which it generally is, in a gradual manner, all the symptoms become aggravated, and if the curve occurs in a somewhat shorter period than usual in these cases, as it not unfrequently does, either from improper exertion, or sudden movement, or accidentally falling, then paralysis is almost sure to follow temporarily, accompanied occasionally by severe convulsions, and inability to void the urine, &c. The spinal marrow, by the restorative laws of the economy, will slowly accommodate itself to the limited pressure, and all the interrupted functions be resumed and disagreeable symptoms relieved. When there are several vertebræ involved, an abscess may form, and the consequences terminate fatally. The irritation of the spinal marrow, produced by inflammation of the vertebræ, and the pressure caused by the flexion, are propagated *above* the diseased spot with much less severity than below it; there will be no paralysis, but slight convulsive pain, and consequent debility. Perhaps this is also increased by the constitutional disturbance.

The situation of the disease makes a vast difference in the symptoms; if high up on the neck, both the superior and inferior extremities may become implicated; the irritation from the location is limited in some measure, because the neck and upper dorsal vertebræ, from the pressure of the shoulders, cannot, unless under peculiar circumstances, be bent to so acute an angle *sideways*, as the lower dorsal and lumbar vertebræ; therefore, the effects of pressure on the intervertebral nerves will not be so great, nor the results so calamitous as they otherwise would be. The acuteness of the angle, and that in one spot, will be a sufficient diagnosis in this form, and distinguish it from lateral curvature, the result of diseased muscular action.

Young children, both male and female, of a feeble and scrofulous tendency, are most subject to this kind of spinal distortion; and adults, from adverse circumstances, or *injuries*, may become its victims.

IV.—CONCAVE CURVATURE; PRODUCING HOLLOW BACK.

There are two kinds of inverted curvature; the first produced by caries of the vertebræ, the other from congenital debility, congenital formation, but most generally by rickets. The loins being the seat of this curvature, of course the lumbar vertebræ are those affected. The spine, in a healthy state, it should be recollected, presents a concavity at the loins. In marked cases of incurvation, the spine is very much inclined forward, and sometimes bends almost down into the pelvis. It is quite easy to detect a person affected with this infirmity. The back, of course, is very hollow,—the walk 'waddling,'—the trunk, when the body is erect, appears to be considerably in advance of the lower extremities, and where the deformity is caused by rickets, the head is larger than ordinary and the legs bowed, or the knees will touch and the feet diverge from them. The patient suffers from debility, which especially affects the back; is incapable of taking much exercise, and, in severe cases, walking is attended with great fatigue. Many children when first commencing to walk, appear to have the back too hollow, the spine having been bent in from the position frequently assumed in creeping on the floor, the bones of young children, it need scarcely be added, being very easily deformed by improper postures. I do not mean absolutely to condemn the position referred to, but if a child be naturally feeble and disposed to creep in the peculiar manner of some, a lasting incurvation may be produced. The causes, however, will be mentioned hereafter, as also the method of prevention and of cure. Children predisposed to incurvation of the spine, are much later in acquiring the ability to walk than those not having such a tendency. It has been observed in some animals having hollow backs, that they have not the same degree of strength or powers of endurance as those of their own species exempt from this deformity; for example, certain breeds of swine are scarcely capable of walking, much less of obtaining speed. A jockey will reject a hollow-backed horse. On the contrary, the wild boar has almost a curved back, and famous racers and trotters have short, straight backs. The reference to these examples will, I trust, be pardoned, as they strongly illustrate the assertion I have made.

When incurvation is produced by caries of the bodies of the vertebræ, the inclination here being concave, of course the concavity is increased when the bones give way, and the parts fall together and inward; the curves will be made angular when produced by diseased bone, but quite circular when from other causes. The lowest part of the spine being the seat of disease, of course fewer nerves are affected than when the caries attack a part nearer the head. The caries here will be attended by pain, and sometimes be preceded by it, and by weariness and debility of the parts; the constitutional symptoms will vary according to the number of vertebræ attacked, and the rapidity of the inflammation and of the consequent ulceration. If matter should form and present itself at some distant point, as it does both here and in external curvature, then all things assume a more serious aspect. Spasms of the legs, loss of sensation, and paralysis, may, in some rare instances, ensue; but all the tremendous consequences heretofore spoken of will scarcely follow.

There are a great many persons having incurvation of the lumbar region in a slight degree, and scarcely suffer any inconvenience from it; but those having a slightly severer form, suffer from debility upon laborious exercise. The great majority of patients laboring under this disease, are scarcely aware of the cause of their 'weak backs,' and pass through life with the penalty of a back-ache for every uncommon exertion on their part; which exercise, to other individuals, would amount to mere pastime. I can call to mind numbers of my acquaintance, who pass for indolent men and women, but who, really suffering from an incomplete incurvation, are certainly incapacitated by it from taking the full amount of active exercise necessary to promote health. Such persons are apt to have short inferior extremities, and great want of elasticity is manifested in their step; when they walk across the room, the whole house will be shook; this is occasioned not by strength, but for the want of it in their limbs; they throw their whole weight on each foot as it touches the ground. A graceful walker uses almost every muscle in his body when he performs locomotion. Individuals having this kind of incomplete incurvation, have no organic or other implication of the bony structure prior to the curvature taking place; but the weakness of back is produced by irregular muscular action. This may depend upon various causes. And further, the spine is only bent in, without any ulceration or loss of substance of the vertebræ.

V.—CONVEX CURVATURE, PRODUCING 'HUMP BACK.'

We now approach a malady which very few persons have *not* seen; many cases are presented to our view, and such always excite our commiseration, and cause a feeling of gratitude to arise in our hearts, because of our own exemption. These distressing cases of curvature are generally known as 'hunch backs;' but are termed by surgeons, 'curvatures from caries of the vertebræ.' The appearance of such cases being so well known, it becomes unnecessary here to describe them. The symptoms preceding the curvature, and attending the inflammatory stage, vary according to the intensity of the inflammation, and the number of vertebræ diseased. The local pain and uneasiness is sometimes trifling; but generally there is severe pain in the spot attacked, weakness in the loins, pain in the pit of the stomach, constriction of the chest, accompanied by palpitation of the heart, and difficult respiration. The whole digestive apparatus, stomach, liver, bowels, &c., are deranged; the bowels become costive, the legs lose their power, and become quite weak. Infants when attacked vomit very frequently. As the disease advances, and the ulceration and absorption of the vertebræ progress, the curvature shows itself, and increases gradually or suddenly upon accident or exertion. Now, where the cause is seen in deformity of the back, we can easily account for the symptoms; not so, however, before the projecting vertebræ are perceived; careless and sometimes prudent practitioners overlook or under estimate the cause of the present trouble. *When the digestion becomes impaired, when there is frequent sighing, when there is fatigue under slight exercise, when the limbs fail in short walks, and these symptoms are accompanied by a constant pain in the course of the spine*, there is sufficient reason to suspect mischief to be going on at the seat of pain. When the child, who generally is the subject, attempts to walk at the stage approaching curvature, it goes on tiptoes; and when it attempts to pick up any article, it does not stoop over it, but sits down on its feet near it; stooping becomes very painful on account of the great exertion to the spine. When the curvature is more developed, a new train of symptoms arise; those produced by pressure upon the nerves passing from the spinal marrow, between the vertebræ, to the various organs and muscles of the body. These nerves being compound, that is, nerves both of motion and sensation, irregular muscular action will be caused, and also pain in those muscles; and functional disturbance in those organs; for the organs, although supplied by a peculiar kind of nerve called 'ganglionic,' still these ganglions receive a portion of their power from the intervertebral branches of nerves. This pressure will account for the paralysis which occasionally ensues in the inferior extremities, and when the caries is high up on the neck, for the same symptom in the arms. The higher up the seat of disease is, the more extensive will be its effects; as more nerves will be implicated, so the devastation will be more general. Loss of sensation and numbness are also thus accounted for.

When the disease extends to several vertebræ, pus is usually formed, which follows the course of some internal muscles, and comes to the surface at the groins; this symptom is known by the name of lumbar abscess, and is, for the most part, a precursor of a very serious, though not always fatal termination. It will be borne in mind that we are now describing that form of external curvature produced by *caries* of the spine, and consequently the projection will be angular, and not a gradual curve. This angularity will be greater or less, according to the seat of the disease; the vertebræ of the neck having short spinous processes, and being thin bones, the angle will be less prominent and slighter, compared to the one produced in the dorsal and lumbar region, where the spinous processes are much longer, and placed obliquely downwards, which, when so displaced as to project decidedly backwards, causes a very prominent hump. The inflammation from various causes, is doubtless sometimes arrested before ulceration of the bones takes place; consequently, no distortion follows. But when the disease progresses, the curvature will begin to show itself in from six months to two years from the commencement of the symptoms, and will be greater or less according to the amount and seat of the affection, and propriety of the surgical treatment adopted. Caries of the spine is sometimes preceded by and accompanied by the same disease attacking other bones of the body; in such cases, especially if some prominent joints are the seat of attack, it will afford an additional means of diagnosis. The round shoulders of old persons can scarcely be mistaken for this affection; neither the stoop of young persons, acquired either from debility or the peculiar position required for the performance of their employment; all these curves are gradual—are segments of large circles. Neither the premonitory symptoms, or the subsequent effects, are experienced in such cases. A gradual curve of the whole spine is frequently seen in children having rickets. This will be easily recognised by the general appearances peculiar to such children. Hunch backs, who are seen in our daily walks, are those who have suffered more or less from many of the detailed symptoms; and are now recovered by the several vertebræ in the vicinity of the caries having been united together in a firm body. This process is called 'anchylosis.' The spine at this place cannot be bent or turned.—Though these unfortunates are cured, they have been so at the sad cost of irredeemable deformity. In the plan of treatment, a method will be detailed, in which it will be seen that although the confirmed cases of this sort cannot be benefitted, still that the distortion can in a great measure be prevented.

LECTURES.

A COURSE OF LECTURES

ON

Diseases of the Chest, Percussion, and Auscultation.

BY

JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture X.

Aneurism of the Aorta—Structural changes that produce it—Two distinct forms—General dilatation and true aneurism—False aneurism—Mixed and desecting aneurisms—Symptoms and diagnosis—Treatment.

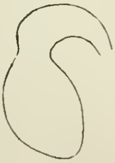
GENTLEMEN:—

We will now proceed to the subject of aneurism or dilatation of the aorta, and I wish in entering on its consideration, which will only be a sketch of a most interesting subject, to direct your attention to the relations which this artery sustains to other vessels and organs. In the first place, as you will recollect, the pulmonary artery lies directly before it, and to the left. Hence we can easily perceive how in some cases an aneurism of the aorta, near its origin, may rupture into the pulmonary artery. Again, you notice that the right auricle lies amost in contact with the vessel, and hence the rupture may be into it. But the most important part of the anatomy of the aorta is the arch, the transverse portion which you see here—[pointing to a recent preparation.] This arch lies in contact below with the pulmonary artery, or rather with its bifurcation. Then behind and to the right you have the descending vena cava. Posterior to all, you have in the first place the trachea, which lies directly in contact with the artery, from which it is separated only by cellular membrane; behind this is the œsophagus, and still further the pleura, and a small portion of the left bronchus. The arch of the aorta ascends as high in the chest as on a line with the second dorsal vertebra; in front, to within an inch or rather less of the sternum. You will observe that I am now speaking of the healthy subject. In young subjects, in whom the sternum is not fully developed, the arch ascends a little higher, and in old persons still higher, for the arch is then somewhat dilated, so that the top of it comes nearer the top of the sternum than in other cases. This is a universal attendant in old age, and therefore is not to be regarded at all as a morbid change.

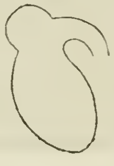
The aorta is composed, you are aware, of three coats. The inner, a delicate transparent membrane—the serous membrane, which is continuous with the fibro-serous membrane, which lines the ventricles. This coat is intimately connected with the next, which is called the middle coat, and is by far the most important; called by some the elastic coat, and by others the muscular, although the correctness of the latter opinion has been by no means demonstrated, nor indeed is it likely to be, for chemical analysis does not discover in this coat any of that fibrine which enters so largely, you know, into the composition of the muscular tissue. It is, however, extremely elastic. External to this is the cellular coat, which is nothing more than condensed cellular tissue; it is extremely extensible, but neither it, nor the internal coat, possess the elasticity of the middle coat. So that the elasticity of the artery is derived almost wholly from the elasticity of the middle coat, and this is important to remember. Now in order to understand the manner in which dilatation takes place, you must study the pathological changes which occasionally take place in the artery. So long as the elasticity of the middle coat continues unimpaired, the distension produced by the column of blood produces no change in the structure of the artery; but if by any means that elasticity be impaired, partially or generally, then the force of the column of blood gradually enlarges the calibre of the vessel, and the result is that form of disease called aneurism. If you examine an artery which is the seat of aneurism, you may not find any morbid change in the coats, except a want of elasticity. You may only find that the vessel when stretched does not regain its natural dimensions. The cause of this morbid change, if so it can be called, we do not know. It does exist sometimes, and predisposes to the formation of aneurism. Generally, however, in these cases, we have changes which are more distinctly recognizable, some of them the result of inflammatory action, and some not. There is such a thing as chronic inflammation of the artery, and this is indicated by the thickening, usually in an irregular manner, of the coats of the vessel, principally of the lining membrane and the middle coat, and the natural result is the loss, in a greater or less degree, of the elasticity of the artery. Connected with this, we have not unfrequently the effusion of coagulable lymph on the surface of the lining membrane, and when it does exist it is important, because it indicates the presence of that chronic inflammation to which I have just alluded.

Another and still more important morbid change is the formation of what is called the 'atheromatous deposit,' the term having been first applied to it by Scarpa. Some have regarded this as a change in the middle coat itself, but it is more generally regarded as a deposit under the lining membrane which gradually invades the middle coat. This deposit at first presents itself in the form of a small, but distinct, yellowish, opaque spot. The lining membrane is but little elevated at this stage, it presents its usual smooth appearance. But after a time some degree of thickening takes place. This atheromatous deposit is very well indicated in this specimen—in fact I have scarcely ever seen a better illustration of the disease. [The preparation was handed round.] These atheromatous spots, when examined carefully, are found to be much more friable than the natural texture of the artery. They gradually become softer and softer, and are elevated above the surface of the lining membrane, presenting very much the appearance of pustules containing fluid, and if they be ruptured, a small quantity of yellowish friable detritus will be discharged, which feels 'gritty,' and will be found to contain minute spiculæ of bone. In fact these pustular formations are, in the course of time, ruptured, and the detritus poured out into the circulation, and so carried off. In this way ulcers are produced, and in such cases you will find the lining membrane entirely gone, and the middle coat either partially or wholly destroyed. In some cases the process of ossification commences before ulceration takes place, and if you examine the centre of one of the spots in this stage, you will perceive that it has a hard, bony feel, and pearl-like aspect. This process goes on till the whole spot is ossified. Still this bony plate is covered by the lining membrane of the artery. But this membrane is gradually absorbed, and in course of time the ossific deposit is left exposed, and being thus deprived of its nutrition, acts as a foreign body, and the necessity of its removal becomes evident. An ulcerative process is accordingly instituted to effect that object, and on examination you will, in this stage, discover a red ring around the deposit, accompanied by more or less puffiness of the adjacent tissue. The deposit is in this way separated from the surrounding structure and is carried off, either in whole or in part, by the circulation, and you have an ulcer produced similar to that already described as occurring in another way.

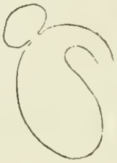
These, then, are the most important changes that are to be noticed in the arteries, so far as the production of aneurism is concerned; and you perceive that all are attended by the same result—the destruction of the natural elasticity of the affected vessel. Suppose, for instance, that the whole arch of the aorta is the seat of these changes, what is the result? Why, the elasticity of this portion of the vessel is lost, it is no longer able to return upon itself, and a dilatation is the consequence. This is the first form of aneurism—the 'simple aneurism by dilatation' as it is termed.



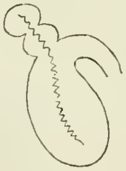
Now suppose that the chronic inflammation, or the atheromatous deposit, be more limited, and that it is not larger than a dollar, what would be the effect of the pressure of the column of blood on that portion of the vessel so affected? You will readily perceive that the effect would be different from that just described as following from a more extensive implication of the vessel. In this case the three coats of the artery are, as in the former, involved and dilated, but only at a circumscribed point. This diagram will illustrate this variety:—



This is called the true aneurism, and, as you will readily perceive, is no more than a variety of the aneurism of dilatation, being of the same nature and produced by the same mechanism. Now suppose you have one of the ulcers which I described, formed; suppose there has been an osseous plate deposited, which has led to suppuration and the formation of an ulcer, the size of a sixpence or a shilling, then you can no longer have all the coats dilated, as the inner and middle have been destroyed, but the pressure of the column of blood acts directly and only on the external coat, which is, as I stated, extremely distensible, being nothing more than cellular tissue, and the consequence is the formation of an aneurism whose walls are composed of cellular membrane, and which communicates with the cavity of the artery only by an orifice as large as the ulcer.



This is called the 'false aneurism,' or 'saculated aneurism,' and is by far the most common. Now it may happen in certain cases that you may have a combination of the true and false aneurism, and this is called the 'mixed aneurism.'



But there are only two distinct forms of aneurism of the aorta. I may mention also another form of disease, very curious indeed, which has been called the 'desecting aneurism.' The first cases of this disease were, I believe, described by Mr. Skeleton, of Dublin. According to him, the middle coat of the aorta was desected from the external coat for a considerable distance, at the same time that a communication existed with the interior of the vessel. I have seen two cases of this disease. The first was shown me by Dr. Washington. It occurred in a female who died suddenly after having gone to the pump in the street for a pail of water The pericardium was filled with blood, the aorta being lacerated just above its origin. A larger laceration, or rather opening, existed in the interior of the vessels just above, and communicating with a cavity, not formed by the separation of the middle and external coats, but by an actual splitting of the middle coat itself, occupying the posterior half of the vessel, and extending from the origin of the aorta to near the point where it passes through the diaphragm. The coats of the artery presented no other peculiar or very marked disease. Dr. A. C. Post exhibited to me the second case. These cases agree entirely with that published two or three years ago by Dr. Goddard, of Philadelphia, in the American Journal of Medical Sciences, and not with Mr. Skeleton's case. The diagnosis and history of these cases is as yet unknown.

Now the aneurism by dilatation, which is the simplest form, is by no means uncommon. It is, however, in most cases not very well marked, and seldom fatal. The extent of the dilatation rarely exceeds three or four times the size of the artery itself. False aneurism may, however, be engrafted on this form. There is in cases of aneurism by dilatation usually more or less distress about the thoracic region, and difficulty of respiration; generally, however, the rational symptoms are very obscure, and not easily discovered. But when the aneurismal tumor is so large as to present externally, the diagnosis becomes more clear, and a first and most important fact to notice in this connection is, that the tumor presents itself above both clavicles at the same time, and not above one alone. This form of aneurism, too, is commonly accompanied by very marked physical signs. Recollecting that the artery communicates freely with the aneurism, that the lining membrane is generally very rough, either from chronic inflammation or ossific deposit, you would naturally expect that the current of blood would produce sounds which can be easily recognized. In the next place, this aneurism never contains any clots of blood, as the others do, the blood not being long enough delayed for their formation. The blood is then in direct contact with this rough surface, consequently you have usually a thrill communicated to the hand when placed over that region, and in connection with that, a distinct whizzing sound, which is indeed a modification of the bellows sound, but yet quite easily distinguished from any other form of the bellows sound which I have ever heard; still it is doubtless produced by vibrations, as the current passes over the rough surface of the artery. This whizzing sound uniformly accompanies only the first sound of the heart, and what is also worth noticing, you always hear the second sound over the aneurism, which is diagnostic. There is, you understand, a direct and wide passage from the aneurism to the aortic valves, consequently the sound of their closure is readily transmitted along the vessel to the aneurismal sac. Again, it has a pulsatory feel, which gives the idea of distension, as if there were a sudden swelling out of the tumor under your finger. Now this affection may remain very latent and quiet for a long period of time. As a general rule, I believe, this the case. Sometimes, however, if the tumor become very large, by exerting pressure on the neighboring organs, it gives more trouble than it otherwise would. Thus it may press upon the œsophagus so much as to prevent free deglutition. Or it may press on the thoracic duct, or on the jugular vein, and this is not an uncommon effect, and sometimes acts in producing apoplexy. Again, in other cases, you may have pressure on the trachea, and great obstruction of the respiration produced, and loss of voice.

In the true aneurism there is also a dilatation of all the coats; and the tumor in this case seldom creates much trouble or attains a great size, unless it becomes complicated with the false aneurism. But although this form of aneurisms may not be of great size, yet, if seated at the origin of the aorta, it may be suddenly fatal. You will recollect that at the origin of the aorta, the vessel is covered by the pericardium, which there supplies the place of the external membrane, the great extensibility of which prevents the rupture of an aneurism. But the pericardial sac being less distensible whilst it would prevent an aneurism in this situation from attaining a great size, would also render its rupture more likely to happen. Many cases of sudden death, when no disease was suspected during life, have been connected with this state of things. It is rather a disputed point whether this form of aneurism ever attains a large size. Here is a specimen of this variety of aneurism; [exhibiting a preparation,] the sac in this case could contain a pint of fluid. This case may go some length in settling this controverted point, though it is seldom, I admit, that this aneurism attains such dimensions. Here is a specimen of aneurism of the coronary artery very near its origin, and which, although no larger than a pigeon's egg, proved suddenly fatal, having ruptured into the pericardial sac, although during the life of the young lady, from whom the preparation was taken, no symptoms indicative of the existence of the aneurism were presented.

The form of aneurism which is most important to notice is that variety formed by the destruction of the inner and middle and distension of the external coat—the false aneurism. In this case there are two characteristic results; the one is, the rapid growth of the tumor, there being nothing to resist the pressure of the blood but the very extensible cellular coat of the artery. The aneurismal tumor comes in contact with the nearest structure, whatever it may be. It may, for instance, come in contact with the lungs, and adhesion and then ulceration will result. In this way the tumor appropriates to itself (so to speak) the surrounding parts, and what was formerly a portion of lung now forms part of the walls of the sac. And the same thing may happen with the spine or the ribs, the same process being repeated again and again, until finally the tumor attains enormous dimensions, capable of containing several gallons of fluid, its walls being composed of a great variety of tissues—cellular tissue, lung, rib, cartilage, and what not—every thing in fact with which it comes in contact.

Now, besides this result, you have a deposit of coagulated blood in the interior of the sac. In the first form of aneurism which I have already described, you have not this, nor indeed in its variety, the true aneurism, because the orifice of communication is so free that no obstruction is offered to the circulation, and consequently no chance for clots to form. But when the orifice is so small, as in the case represented in the third diagram, the circulation becomes impeded to such a degree as to permit the deposition of fibrine and the consequent formation of clots. Sometimes these clots are of considerable thickness, being two or three inches thick, and formed of several concentric layers, those nearest to the sac of the aneurism being dense, friable, opaque, but nothing more than old layers of fibrine, easily separated and presenting some traces of organization,—blood vessels, or something like them, being seen running into them. Occasionally, also, more or less blood having worked its way, may be found between these layers. [A series of beautifully executed plates from Cruvelhier's work, illustrative of the appearances described by the lecturer, were here handed round the class.]

Of the two characteristic results which I have described, Dr. S. continued, one is very favorable, and the other directly the reverse. The rapid growth of the aneurismal tumor, destroying in its progress every structure with which it comes in contact, renders the disease extremely formidable. But the formation of clots is a very favorable occurrence, and I wish to point out to you a very important conclusion—that the formation of these clots is conducive to the cure of the aneurism. It is noticed by Corvisart, at the beginning of the present century, that occasionally fibrous tumors were found attached to arteries. Mr. Hodgson, however, proved that these appearances indicated the previous existence of aneurisms which had been cured thus—the concentric layers of coagula formed in the aneurismal sac, had gradually become organized, and produced these fibrous tumors. And if you have an opportunity of examining an artery which presents this appearance, you will find on the inner surface of the vessel a distinct depression at the point from whence the aneurismal tumor originated, and a cicatrix, showing clearly where the orifice of communication existed.

The symptoms indicative of the existence of this false aneurism which grows so rapidly, are, as may readily be supposed, much more strongly and clearly marked than those of the other forms. You can scarcely imagine that a tumor increasing with such rapidity and in such a manner and attaining such dimensions, could exist without producing very marked symptoms. Suppose, for instance, the tumor comes first in contact with the lungs; as necessary consequences, there must be cough, pain in the chest, and difficulty of respiration. And again, if the tumor comes in contact with the spine, we will soon have absorption of the vertebræ,—and let me here remark, that it is an interesting fact that the bone is much more readily absorbed than the cartilages, and the same thing happens in cases where the trachea is encroached on by the tumor, the rings being absorbed sooner than the intermediate membranes,—but, as I was about to observe, when the spine is thus invaded, and the spinal marrow becomes involved, paralysis and other symptoms of spinal disease may result. With whatever organ the tumor comes in contact, the characteristic symptoms of a gradually encroaching tumor, are, in the same way, manifested. Thus pressure on the œsophagus will be indicated by difficulty of deglutition, and when the trachea is implicated, the respiration will be more or less impeded, and sometimes we may have symptoms of laryngitis of the most formidable character. In such cases the trachea has sometimes been opened, but of course without avail. I have thus anticipated what I intended to remark relative to the various directions in which the aneurism may open. Sometimes the sac, when it bursts, may discharge its contents into the trachea, or into the œsophagus, causing of course rapid death. Or it may discharge, if of the descending aorta, into the cavity of the left pleura or the posterior mediastinum. Again, it may open into the pulmonary artery, or, as has happened in some cases, into the right auricle—all this showing that the seat of the aneurism has a great deal to do with the mode of its termination. Dr. Johnson related to me a case that was very curious, and, as far as I know, unique. A patient entered the New York Hospital with all the symptoms of aneurism of the descending aorta. He was suddenly seized with excruciating pain in the back, and with paralysis of the lower extremities, and died in twelve hours. On examination, it was found that the aneurism had opened into the cavity of the spinal marrow. Dr. Sabine also recently showed me a specimen in which an aneurism had ulcerated through the external coat of the œsophagus high up, then worked its way down between the coats, and finally ruptured into the stomach near the cardial orifice.

Whenever, then, an aneurism, in its progress, meets with a hollow organ, and cannot appropriate it by adhesion, it produces ulceration, and may terminate by the sudden discharge of blood from internal rupture. But if, instead of this, the hollow organ, as for instance, the œsophagus or trachea, be pushed aside, then the aneurism may rupture externally through the skin, which is a very common mode of termination of this form of aneurism; but it is remarkable, that in all the cases of this kind that I have seen, death was not the result of free hœmorrhage. It has appeared in all the cases, that the tumor was just on the point of pouring out blood when the patient died.

Now the physical signs which indicate the existence of false aneurism of the aorta are very important to notice, being in many respects different from those which accompany either true aneurism or aneurism by dilatation. For instance, the whizzing sound and thrill are not so distinct as in the aneurism from dilatation, and the reason is evident, you have in all these cases, a quantity of coagula which separate the aneurism from the ear, and the absence of the thrill and whizzing sound, instead of indicating that the aneurism is small, leads to the conclusion that it is a large one. Again, the impulse is also frequently less in this case, from the very same reason,—the clots fill up the cavity of the tumor, and do not allow the communication of the impulse so readily as in different circumstances. Again, in regard to the whizzing sound, it is not accompanied by the second sound of the heart, and this is a very important point in the diagnosis. I remarked that when the whole vessel was dilated, you heard the second sound of the heart, because free communication existed between the heart and the aneurism, and so the sound was readily transmitted to the ear. This point is of considerable importance, because you can at once see the distinction between true and false aneurism.

I find, gentlemen, that the hour has expired, but I crave your indulgence for five minutes longer, as I wish to finish this subject to day. (Applause.)

This false aneurism presents differently, according to its seat; usually it presents between the ribs, that is the second and third ribs, and on the right side, if it come from the ascending aorta. If it originates in the arch of the aorta, it will make its appearance under one of the clavicles, or at the top of the sternum, and so differs very much from the aneurism by dilatation, which presents itself under both clavicles at the same time. Aneurism of the descending aorta presents to the left side and behind.

Now, *how would you distinguish an aneurism seated deep in the chest, from organic disease of the heart?* This is the most important question we have as yet considered, but you will very easily answer it properly when you understand the manner in which we form our diagnosis. If you have disease of the heart, you have all the morbid signs developed over the heart itself—on the contrary, if the disease have its seat in the artery, the signs will be manifested there. For instance, if on examination over the region of the artery, you find evidence of the existence of an unusual and deep-seated pulsation, (not over the heart but over the artery,) you will have a strong suspicion at least that the disease is in the artery and not all in the heart. If you hear a whizzing sound, a rough sound, or a bellows sound, which has its maximum of intensity remote from the heart, under the clavicle or at the top of the sternum, certainly you will have reason to conclude that the disease is in the artery. The precise seat of the aneurism, it is of course more difficult to ascertain, for you have as yet no external tumor, but by a rigorous analysis of all the signs, you will not fail in discovering even that. Recollect then that the sounds connected with the valves, have their maximum of intensity over the region of the valves, and that the sounds connected with aneurism have their maximum of intensity over the artery.

I recollect being once called to visit a female who was supposed to labor under aneurism of the aorta, and I found that she was merely suffering from chlorosis, and that the whizzing sound and thrill were developed in the great arteries of the neck. Now in this case there were some symptoms of aneurism, but there was *no tumor;* and the sequel of the case proved conclusively that the suspicious symptoms were the result of that nervous affection which I described in a former lecture as occurring in chlorosis. I also recollect that M. Louis met with a case which completely deceived him. It was that of a young man with a pulsatory and painful tumor under the sternum, which was unequivocally regarded as an aneurism which had destroyed the ribs and lower part of the sternum, and was about to open externally. Nothing was done for the patient, who was merely enjoined to maintain perfect rest, which was certainly the only course that could have been adopted under the circumstances. All at once the skin over the tumor became inflamed, and it was now confidently expected that the aneurism would suddenly burst, and be followed by the death of the patient. It soon turned out, however, that this was merely a case of syphilitic necrosis of the lower part of the sternum, to which a pulsating character has been given by the action of the heart. The bone exfoliated, the necrosed portion was discharged, and in a short time the patient was restored to health. Finally, an enlarged lymphatic gland situated deep in the post clavicular region and lying upon the innominata or the origin of the subclavian, might be mistaken for an aneurismal tumor presenting from the chest, and here the pressure on the vessel might cause a bellows sound and a thrill, and what is more important still, a pulsating tumor. But the tumor would want the *expansive* pulsation of an aneurism, and if its pressure on the artery could be removed by the fingers, all the other physical phenomena would cease. This accident would, however, be much more easily mistaken for aneurism of the innominata or of the subclavian artery.

In regard to the treatment of this disease I need say nothing. It is precisely the same as that pointed out in cases of enlargement of the heart. The great object is to keep the heart as quiet as possible, by the employment of depletion and other means tending to produce that result. By this course the increase of the sac may be prevented, and the formation of clots rendered more likely. The treatment of Valsalva has been very strongly recommended in these cases. Laennec was much in favor of it. But I have already given you my reasons for thinking that it is not the most appropriate treatment. Reaction is so apt to occur that the very opposite effects, to those anticipated, follow. The blood also becomes watery—the disposition to form clots ceases—and of course the probability of a cure is very much diminished. Moderate depletion judiciously employed—careful attention to diet and regimen—gentle exercise—and the most rigorous avoidance of every thing likely to excite the action of the heart, constitute the proper treatment. Besides this, we know no method of treatment likely to effect a cure.

Erratum.—In Dr. Swett's seventh lecture, p. 307, for '*castor* oil' read '*croton* oil.' The error was not in the report, but escaped notice in the proof sheet.

A COURSE OF LECTURES

ON THE

Principles and Operations of Orthopœdic Surgery.

BY

WILLIAM DETMOLD, M. D.

Delivered at the College of Physicians and Surgeons, New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture II.

CAUSES OF CLUBFOOT, ETC.

GENTLEMEN:—I stated in my former lecture that the voluntary muscles were not only the organs of locomotion, but also performed the function of keeping the bones of the skeleton in their proper position. I compared them in that respect to the ropes of a ship, which secured its masts, and followed out the comparison by showing that the muscles must possess a perfect equilibrium of power and action in order to maintain the unbroken integrity of the osseous system. I pointed out the fact that the flexores and adductores which form that class of muscles which I denominated the 'concentric,' were, generally speaking, stronger than their antagonists, but I also showed that this exception to the general rule, did not militate against the preservation of that equilibrium so necessary for the maintenance of healthy action. I pointed out two instances of great disparity in power between antagonist muscles—the one in the muscles of the lower jaw, and the other in the muscles of the calf, which were much stronger than their antagonists; and I referred you to the easy explanation of this, which was to be found in the fact that the muscles of the calf were so often called in to support the whole weight of the body.

I then went on to say that, as a matter of course, the more equally the muscles are balanced, the more easily was the equilibrium preserved, and the greater the disparity, the more readily was the equilibrium disturbed, and when that happened it was generally in favor of the concentric muscles.

We have now seen the *causa proxima* of these deformities. Let us now examine into the remote causes. By the 'remote causes' I mean those which can effect a disturbance of the muscular equilibrium. First, I would remark in this connection, the equilibrium may be disturbed by one set of muscles gaining positively the ascendancy over another; as might happen in spasm, one muscle overcoming the contraction of its antagonist;—this we will call the positive cause. Again, the same effect may be produced by one set of muscles losing their power, becoming either weakened, or relaxed, or paralyzed. This latter I would call the negative cause of loss of equilibrium, in contradistinction to the former, which may properly be denominated the positive cause. There is in addition a third cause, which we may term the 'habitual;' that is, if any set of muscles be kept for a lengthened period in one position, they will assume it habitually, and the position become permanent. If the arm, for instance, be kept bent for weeks or months, it will be found very difficult indeed to recover its rectitude. We have then these three causes. The first will be found most generally operating on the stronger, or 'concentric' muscles. The second cause will chiefly implicate the 'eccentric' muscles—the weaker class, evidently because any influence which impairs the muscular power will be most felt by those muscles which are naturally weakest. With respect to the third cause, its very nature shows that it may operate on either class.

In order to illustrate the importance and practical character of this division of the cause of muscular deformities, I will anticipate a little. Let us apply what I have said to clubfoot. We have first, the clubfoot from a positive cause, the contraction of one set of muscles overcoming their antagonists. Then, we have the same deformity produced by the operation of the 'negative' cause, one set of muscles being paralyzed; and lastly, we have the 'habitual' clubfoot. The 'positive clubfoot' will be difficult to cure, because it results from the powerful contraction of one set of muscles, but when cured the patient will walk well. In the 'negative clubfoot,' resulting from paralysis, you will find that the foot is pliable, and the deformity easily reduced. But you may very readily be deceived in this respect. You may restore the shape of the foot, but the patient will not so readily acquire the ability to walk well as in the former case. The 'habitual clubfoot' is easily cured, and the patient soon walks perfectly well. I make these remarks for the purpose of showing the practical nature and rationality of the division which I made, and which at first sight may have appeared to you fanciful, and of no practical importance.

Let us now see how these causes may be induced. The first may be induced by any influence which will effect the innervation of the part,—any thing which impairs the functions of the nerves,—any spasmodic affection,—any affection, for instance, like the exanthemata, the scarlet fever,—or sudden exposure to cold. This cause we frequently find hereditary, that is, its influence may be particularly felt by almost all the members of families whose nervous system is easily affected. We not unfrequently find that all the children of a particular family are seized with spasmodic affections during the progress of dentition. In the same way we find families whose members appear to be predisposed to disturbance of the muscular equilibrium, and we find several children of the same family with clubfoot. If the father have a clubfoot, very frequently all the children will have a similar deformity. It is vain to fix upon any particular influence which may induce the exciting cause of clubfoot. Any of the causes of morbid action may bring about this deformity, and produce it in the embryo, because it is as much the subject of these influences as the grown subject. As soon as the muscular system is sufficiently developed to contract at all, there is a possibility of the occurrence of a disturbance of the muscular equilibrium. I have not ascertained at what period of its existence the fœtus may become affected with clubfoot. I believe the youngest fœtus which has been found thus affected, had been three months *in utero*.

A wide field of speculation is thus opened, and we have accordingly a great number of theories as to the origin of clubfoot. The ancient writers in surgery have exhausted themselves in all sorts of hypotheses. One says that the child has clubfoot because the mother crosses her legs during the period of gestation. Another accounts for the deformity by ascribing its production to a redundancy of the amniotic fluid; whilst a third maintains that a deficiency in the quantity of that fluid may produce a similar result! Another holds that clubfoot results from an imperfect or abnormal insertion of the tendo Achillis. All these theories, it is scarcely necessary to say, are entirely fanciful. If the mother crosses her legs, during gestation. and in that way can excite a spasmodic action in the muscular system of the embryo, then indeed the crossing of the legs may produce clubfoot; but the spreading of the feet may just as readily lead to the same result.

The 'positive cause' is the one which we find to be most generally hereditary. The 'negative cause,' where one set of muscles are paralyzed, and the equilibrium in that way disturbed, is not so often hereditary. It generally originates in any diseases which impair the physical powers. Thus, hydrocephalus in children is occasionally the cause of clubfoot, and the same may be said of paralytic seizures. Children have been seized with paralysis of the lower extremities from merely overloading the stomach. I have myself met with a case in which a child who got at a barrel of dried prunes and overloaded the stomach, was seized with an attack of paralysis. The negative cause may occur when both muscles, the concentric as well as the eccentric, are paralyzed; if the paralysis were not complete, the stronger muscle will recover its tone before the weaker, and of course produce a disturbance of the equilibrium.

The accidental or remote causes of the 'habitual' contraction are fractures, ulcers, or indeed any thing that requires a limb to be kept steadily in the same position. I have seen clubfoot produced by an ulcer on the heel, which obliged the patient to walk for a long time on the point of his foot; the muscles lost their power, the contraction became habitual, and clubfoot was developed. This habitual cause is best demonstrated in squinting. Children may contract that deformity from bad habit alone.

If the equilibrium be disturbed, what takes place in the affected part? The muscles that are contracted will not relax. They become hard, tendinous, and the muscular fibre disappears. The weaker muscles, whose action has been overcome, dwindle away; they lose their muscular power, but do not become indurated; they are flabby. The whole nutrition of the part suffers. Even the growth of the bones is interrupted; thus you will find that the tibia of the affected limb is not only shorter but thinner than that of the sound limb. The very appearance of clubfoot, proves that there must be one certain *modus operandi* which nature adopts in the production of this deformity—that it is not a *lusus naturæ*. Let me show you some specimens of this deformity, and so illustrate the remarks I have just offered. [Dr. D. here exhibited a great variety of beautifully executed casts of clubfeet on which he had successfully operated, and pointed out the similarity in all their prominent features which they presented.]

If the muscular contraction, the lecturer continued, have taken place, and the bones have yielded to it, what is to be done? If the case be a recent one, we may overcome the contraction by the employment of mechanical means alone. When, for instance, the deformity is the result of the contintinued maintenance of a particular position, proper extension of the contracted muscles, and the application of stimulating substances to those which are relaxed, will, in almost almost all cases, readily effect a cure. But when the deformity has existed for a longer period, the contraction will not be so easily overcome. In order to effect that, a very considerable degree of extension would require to be made, and a spasmodic action would be the result. Therefore, resort to the knife becomes necessary and proper, and the tendon or muscle is divided. When the contracted muscle has a long tendon, we divide the tendon; otherwise we divide the belly of the muscle. In my former lecture I explained the manner in which re-union of the divided tendon takes place, and I will now show you the foot of a patient, on whom I had operated several years ago, and who died some time since, of what disease I do not at present recollect. I did not attend him in this last disease, but was fortunate enough to secure the foot. [Dr. Detmold here exhibited this very fine preparation, which illustrated with great distinctness the re-union of the tendons divided in the operation to which he referred. The tendo Achillis and all the extensors of the toes had been cut, and the newly formed portions of tendon were distinctly seen, the points of union being as clearly marked as if depicted by a pencil. After the lecture, Dr. D. remarked, as a singular coincidence, that this man's christian name was Achilles.]

These remarks, gentlemen, Dr. D. concluded, which I have offered in the previous and present lectures, have been merely preliminary; in my next discourse, we will enter on a description of the various deformities. And following the course which the science itself has taken, we will begin with the feet, and so proceed to the various other deformities.

A COURSE OF LECTURES ON SURGERY,

With Surgical and Pathological Anatomy.

BY

VALENTINE MOTT, M. D., PROFESSOR OF SURGERY, ETC.

DELIVERED AT THE
STUYVESANT INSTITUTE, NEW YORK, SESSION 1841–2.

At the conclusion of the thirtieth lecture, the Professor proceeded to speak of what he termed the

'DISEASE OF THE UPPER JAW.'

'It begins,'* said he, 'more frequently, I think, in the periosteum and membrane covering the bone, than in the bone itself. Whereas the other I think more frequently begins in the structure of the bone itself. In the upper jaw it begins, I say, most generally in the periosteum and membrane covering it. The disease as it exists in the upper jaw spreads in different directions, as in the jaw below, so as to press upon the surrounding parts; and very frequently we find the disease, if it begins in the upper jaw, on the outside, and also in the shell of bone constituting the antrum. So that these diseases of the upper jaws when they have advanced from the period when they attack the alveolar processes, they will pass up and affect the other structures immediately above the antrum, and extend themselves very rapidly, frequently so as to produce monstrous deformity. The deformity produced when the disease is in the upper jaw is enormous. The most monstrous case I ever saw, I saw since my return to this country. A gentleman came from the country to consult me about it. But it went beyond my reach. I believe I can go as far as any man, but I couldn't venture to go that. Indeed I considered it altogether impossible. This gentleman was certainly a curiosity. One eye was pushed out on the cheek, and the nose was also involved in it. The disease was on both sides. I said if only on one side I would attack it, but as it was on both sides there would be none of him left—it would take away the whole face. I have often taken away the side of the face in diseases of this kind, all along under the orbit, and the turbinated bones, and so on. That is what I have repeatedly done, but in this case it would have involved the removal of the whole face. A young surgeon of the city saw him afterwards, and he told him that he had consulted me, and the gentleman was so desirous of performing the operation, which was perfectly natural; and he said to me, 'If I should do this after you declined it, it would be of some service to me.' I said, 'certainly you may, if you think you can do it properly.' He came afterwards to my house, and I advised him as a friend, 'Doctor, don't undertake that, for there is nothing left of the gentleman if you take that.' One moment, here, with regard to the upper jaw. It extends in the way I have named, but if you attack the disease before it has produced this deformity and extended into the cavities, you can remove it by a simple operation without cutting the face at all. But if the disease is so extensive that you are obliged to remove a large portion of the jaw, it is another matter, I assure you. It is, then, an operation of no trifling importance. It involves the necessity of dividing the face from some point or other below the orbit. I have done it fairly sometimes in a straight line; but more frequently you have more room by making the division from near the outer canthus of the eye down to the angle of the mouth. When extensive, you must open the angle of the mouth. In looking at my record, I find that in fourteen instances, when I have operated on the upper jaw, I have in seven of them been obliged to open the face so as to remove the disease entirely. The manner of doing this I will point out. After making the incision, you turn off the flaps, and saw out the bone. But that must be learned. It is due to other gentlemen; and whenever there is any published record I ought to know it,—if no published record I ought not to know it, (?) but whenever there is published record, I want to give credit where credit is due. This operation was performed for this disease to an extent not great, first by Dr. Stevens, I think. I know there are conflicting interests on this point between him and another gentleman—Dr. David L. Rogers. I was concerned with them in their cases, and they both asked me, and I cannot positively answer the question which was first and which was second. I know that I was concerned in the case of Dr. Stevens, and that the disease was just above the alveolar processes of the front teeth. There was of course no difficulty at all in raising the lip and sawing round it. That gentleman recovered very well. Whether that was the first operation or not, I can't say. But I think it was. Dr. Rogers' case required the division of the face to get rid of the disease. As for myself, I claim nothing of the upper jaw. My province is the lower.'

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* Reported *verbatim et literatim.*

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, June 4, 1842.

State of Medical Education in America.

That the systems of medical education followed in this country are miserably defective, is a proposition which requires as little demonstration as that there is a street called Broadway in New York, or that *Professor* BEDFORD is acquainted with a book entitled the 'Philosophy of Health,' said to be written by one SOUTHWOOD SMITH. It is greatly to be regretted, however, that although the utter inadequacy of the course of instruction to which our students of medicine are subjected, is frankly acknowledged by every candid mind, yet no effort in any proper quarter to effect a salutary and so much needed change, is apparent. From the period of our first acquaintance with the state of the profession here, we have deplored the inefficiency, every where so evident, of the course of education in our colleges, and have been hoping for the advent of a reforming spirit until we have began to fear that such an epoch in our professional history is yet to be hoped for, for many a long year to come.

What? A course of *eight months* collegiate education, and that too received, in many instances, within the walls of Institutions whose chairs may be occupied by men of unequivocal characters and talents, but which are altogether destitute of means of clinical instruction, or facilities of pursuing anatomical studies,—can this be all that is necessary to qualify a candidate for the degree of Doctor of Medicine? Who amongst us will not blush in answering this question! Need we wonder that in such circumstances the medical profession in this country has suffered so great degradation, that many of its members are often ashamed to confess their connection with it? How can it be expected that young men, who, after squandering two years in an 'office,' and then running the rounds of half-a-dozen classes for six or eight months, are dubbed 'DOCTORS,' can, on their extrance on practise, reflect any thing but disgrace on the profession they have chosen, and for the exercise of which they are so unqualified?

And the deplorable consequences of such a deficient education are not to be found only amongst the crowds of young men who are annually let loose from our 'colleges' on the unfortunate community. Do not the modes of practise and professional attainments of many who have grown gray and rich in the service, furnish most expressive evidence of the scanty nature of the nutrition which the veterans received in the brief day of their studentship?

Now let us not be misunderstood. Far be it from us to cast undeserved reproach on the character of our profession in this land of promise. We have a ready answer for any who would insinuate, that it is wanting in men of the most elevated talent and most varied and extensive professional acquirements. In every department of medical science, we can point to successful laborers, whose works 'speak in the gate.' But we complain, with honest and unaffected sorrow, that our systems of education are shamelessly defective, and that by them the interests of science and of humanity are grievously wronged. He is a false friend of our profession who pretends to view this matter in any other aspect, or assumes any less decided tone. We come not with words of deceit upon our tongue, but in plain words we speak the plain truth,—truth, whose force, we are well assured, is fully felt by hundreds of our brethren, who deplore, as deeply as we can do, those evils, and as earnestly desire their speedy and permanent redress.

In our position, to keep silence on this all-important topic, were indeed to betray our trust. The first number of THE LANCET would have expressed the views which we now offer,—in all humility,—for the thoughtful consideration of our readers, but we wished to be enabled to address the great mass of the profession, before we entered on this subject. Now, however, that cause of delay no longer exists, as we have happily found utterance more extensive than we ever anticipated; and no more intelligible expression of our gratitude for that cordial reception, can we give, than by announcing our determination to employ every energy with a view to effect a thorough reform of our systems of medical education.

We have at present space sufficient only for this annunciation, but will resume the subject next week; and in the meantime solicit from any of our readers who feel interested in it, an expression of their views.

What a piece of egotistical bombast was that, which graced the editorial page of the 'starveling publication,' on Wednesday morning last! So the poor man is actually as stupid as he is splenetic! We had hoped his elevation even to that editorial chair would have given him some dignity and some sense—but we remember that

> 'Pigmies are pigmies still, though perched on Alps!'

THE MEDICO-CHIRURGICAL REPORTER.

Cliniques at the College of Physicians and Surgeons.

DR. BULKLEY'S CLINIQUE.

The first case exhibited was one of *Mentagra*, in a man between thirty and forty years of age, in which the disease was seated principally on the chin, and was in the acute stage. A mercurial cathartic was directed, to be followed by salts, with the application of poultices, until the inflammatory state of the parts was removed.

Two cases of *Lichen urticatus*, in a child, afforded a good specimen of that disease, and of the analogy which it bears to urticaria, from which character it derives its specific name. The eruption had existed some time, and covered the whole body and limbs more or less. The patient was of a strumous diathesis, and of a cachectic habit, with tumid abdomen, &c.; and the case was one in which tonics, and nutritious diet, with warm baths and general attention to hygiene are indicated, after the necessary attention to the digestive organs.

A case of *Erythema papulatum*, a comparatively rare form of cutaneous affection, seated on the arms, hands and face of a female about middle age, whose constitution was suffering from the effects of intemperate habits, was next shown, with particular reference to the diagnostic marks between it and tubercular syphilis, to which at first sight, it bears some resemblance, and for which indeed it had actually been mistaken. The spots were many of them of the size of a split pea, and were very thickly scattered over the arms and hands, without assuming a definite arrangement, or showing any tendency to a regular figure; while on the face, they where in groups of the size of a dollar, nearly circular, and covered with their yellowish scabs—and there was no eruption elsewhere, except a few spots on the neck. This manner of distribution seldom if ever occurs in syphilitic eruption, which, if abundant on the arms, is also sure to be found more or less on other parts, and which very rarely, if ever, appears on the hands. The color also was dull red, and not coppery, and where the spots had faded, they had left a livid or purplish discoloration, like that following a bruise. Dr. B. remarked that this color in an eruption always indicates an atonic state of the system, and is of practical importance on that account. The appearance of vesicular tops on the papules seated on the face, and which caused them to resemble Herpes considerably, may probably be accounted for by the greater vascularity of that part. After suitable preparatory treatment, the patient is to commence the use of sulphate of quinine, with elixir of vitriol.

A case of extensive *Psoriasis*, in a German, in which the disease was scattered over the body and limbs, and presented this affection in all its different stages, was next exhibited. This patient had experienced several attacks of the same disease—the present one four or five months since. Dr. B. remarked that the different modes of treating this disease had already been dwelt on at some length. A remedy which has not been mentioned, and which has more recently been used to some extent in Paris at the hospital St. Louis, is pitch, which is applied in the form of an ointment, 5, 10, to 15 grains to 1 ounce of lard, with which the patient is to be rubbed several times in a day, and for which its advocates claim a preference in the treatment of this affection even over arsenic. It may be used either in the acute or chronic stage of the disease, by regulating the strength of the ointment, and does not require those precautions necessary during the exhibition of arsenic. It seems to act principally on the kidneys, when applied externally as well as when used internally. Whether the removal of the scales is to be attributed to this particular article, or to the mechanical friction simply, will perhaps admit of a doubt when we call to mind the fact that lard itself and fresh butter are found to have a very decidedly good effect in this way. Dr. B. has no experience in its use. The *hydropathic* treatment has also been tried in some cases of Psoriasis in Paris, but without any results to entitle it to particular value. The old lady with this affection shown at the last Clinique was again submitted for examination. She has been improved by the preparatory treatment used, and was now directed to commence the use of liquor potasse.

A case of *Impetigo figurata* on the head of a girl six or seven years of age, was next shown;—and also a case of *Furunculi*, in a man recently arrived from sea, in connection with which the differential points between the disease and ecthyma were pointed out, the former being an affection of the cellular substance primarily, and the latter of the skin. Also a case of the leg and foot of a female, twenty years of age, enlarged to nearly double the natural size, the seat of which is now an atonic ulcer surrounded by dull erythematous redness, with a tendency to purpura. The menses were regular, although scanty; but it could not be ascertained that the state of the leg had any connection with that.

A case of *Scaly syphilitic* eruption, seated on the head and chest of a man about forty years of age, was also exhibited. The primary sore first existed between four and five months before, and its seat was still indurated, a condition which, by common consent, indicates the necessity of mercury. This patient had been in the hands of quacks for some time. He had also flat tubercles about the arms and on the scrotum, and when first seen, four or five days previously, had an *exanthematous* syphilitic eruption on his back, which has, however, since become very indistinct. He has just commenced the use of the bi-chloride of mercury in the tinct. cinchon. comp.

The last case was one of *Infantile syphilis*, still more severe in its character than either of the three cases exhibited last waek. The little sufferer was two months old, and was more or less covered, body, limbs, head and face, with the copper colored elevations of that disease, with abundant desquamation, which, indeed, was so great on the head and face, that the case was taken for one of eczema by the physician who first saw it. There was also inflammation of the conjunctiva, snuffling, a brownish discoloration, or rather earthy hue of the whole integuments, great emaciation, and the characteristic expression of premature old age. The disease first appeared at five weeks of age. The father communicated the disease to the mother, who had sores during gestation, and is now suffering from secondary symptoms, although her gums are said to have been made very sore by mercury for a week and kept tender about a fortnight. Two of the cases shown last week were prevented from being present today by the inclemency of the weather—they are both improving, as also this case, under the use of small doses of hydrarg. cum creta, morning and evening, two of them taking two grains at a dose, and the other one grain, with the addition in this case of half a grain of Dover's powder each time. The warm bath is also a valuable adjuvant in these cases, as is also the use of frequent lotion of parts from which there is any discharge, with emollient decoctions, or sometimes with infusion of hops. The fourth case, the one with the ulcer on the ankle, has not been seen since, but was improving when its visits were discontinued.

Dr. B. remarked that the *parts affected* by this disease in infants are the same as in adults, though not in the same way, nor with the same relative frequency, these parts being the *mucous membranes, the skin, the absorbent system, the sub-cutaneous cellular tissue, and the fibrous and osseous systems,* the different lesions of which were briefly alluded to, as were *general symptoms,* some of which are almost always present, as a dusky or earthy hue of the whole skin, a general cachectic state, with a wrinkled and withered condition of the skin, an aspect of premature old age, a peculiar shrill tone of voice, an erythematous or erysipelatous redness of the whole or of part of the surface, a macerated state of the skin, &c. &c.

Dentition, acute attacks of disease, weaning, and vaccination, sometimes act as immediately developing causes of the disease in those hereditarily infected. One of the cases shown last week afforded an instance of its appearance after weaning, when the child was twelve months old. Its occasional appearance soon after vaccination has doubtless sometimes led to an unfounded charge against the physician of inserting bad matter, and should be borne in mind.

The *different modes of its communication*—1. before birth ; 2. at the time of delivery ; and 3. after delivery, were also explained. The *time of appearance* of the disease varies from soon after birth, and even at birth, to more than a year, and sometimes two or three years after birth. The most frequent period, in between thirty and forty cases collected by Dr. B., was between the third and sixth week.

The treatment of this disease is both *preventive* and *curative*, into the particulars of which Dr. B. had not time to enter, and which indeed would require the whole of the time set apart for the Clinique. The three different modes of *curative* treatment, are the *indirect*, that in which the remedy is administered through the milk of the mother or nurse ; the *direct*, that in which it is given to the child alone ; and the *mixed*, consisting of these combined. The one most appropriate in a given case must depend, of course, on a variety of particulars connected with its history, the age of the patient, the form, duration, extent, and severity of the disease, the state of the mother, also, whether the child is nursing, or has been weaned, &c. &c. *Local* means must also be used, when indicated by particular symptoms. Mercury is the remedy to be depended on in some of its forms, both for the prevention and cure of the disease. Dr. B. regretted that the time rendered it necessary for him to pass so cursorily over a subject of such practical interest, and to leave so many points of it without even an allusion to them—but his hour had already expired.

Dr. B. then mentioned that, as the Spring Course of Lectures at the College was just terminating, he should discontinue the Cliniques for the present, but that he hoped in the 'Fall,' either to continue them as they had been conducted, or to connect with the exhibition of cases a systematic course of lectures on those diseases.

Epidemic Erysipelatous Fever described as occurring at Middlebury in the winters of 1825-6 and 1841-2.

COMMUNICATED BY J. A. ALLEN, M. D.

No. III.

MEDICATION.—From the preceding pathological and nosological observations, it may have been apparent that, at least, epidemic erysipelas naturally belong to the class of 'self-limited diseases.' That when the complaint has become established, all attempts to shorten or abridge its duration are of little or no consequence. In this particular, it is allied to Rubeola, Rosalia, pestis, variola, etc. Indeed, so well confirmed was Dr. Good in this opinion, that he has embraced under the same genus, in his nosological arrangement, Vaccini, Variola, Erysipelas, &c. And, a distinguished and learned American[*] has sanctioned this opinion, in his views on these self-limited diseases, in the Boston Medical and Surgical Journal ; and more recently, in his notes to Marshal Hall's Practice of Medicine. At first, the admission of this principle may appear somewhat appalling, but it does not in the least diminish the value of well-directed efforts to mitigate and control the morbid phenomena. On the contrary, it enhances their appreciable utility by restraining undue expectations, and reducing anticipations to realities. As the well-directed efforts of the firemen have often saved a whole city from conflagration by the extinquishment of the devouring element as it bursts out at different points, so in the disease which is the subject of these remarks, the judicious adaptationof therapeutic measures have often prevented much pain and distress, and saved life itself. The skill of the mariner, also, may cause his vessel to outride the storm, though it cannot shorten its duration. In the whole catalogue of human ailments, not one probably requires a more multifarious medication than this. The pathological condition of the system only can be the practitioner's guide. Routine practice, either of the Thomsonian, or the regular physician, may cure some, but must of necessity hasten the fatal event of others.

Each case ought to be subjected to rigid clinical examination, and each of its morbid phenomena separately noticed, and the whole considered detached from all other cases ; and, more especially, if the disease be of much severity, these examinations must be often repeated, otherwise the remedial measures cannot be adapted to the character of the complaint. In the course of one, two, or three hours, I have seen a whole train of morbid phenomena entirely changed. Occasionally an affected vital organ has been relieved by a metastasis of the local erysipelatous affection to the surface, and, on the contrary, an external erysipelatous inflammation by repercussion, has suddenly seized a vital organ, as the brain, the lungs, or some of the abdominal viscera, thereby portending the most unfavorable termination. Practical experience demonstrates, as well as common sense, that the system in each of these morbid states, cannot tolerate with safety, much less require, the same routine of medication. Each state has its appropriate therapeutic demand, and each its suitable remedial agent, if properly adapted. Boerhaave has long since averred the aphorism, that—there is in medicine no remedy, except that which becomes such by adaptation. A violation of this precept in the present epidemic visitation, cannot be admitted with impunity. I have been informed of at least two instances, in which the untimely application of an epispastic, if it did not produce, obviously hastened the fatal termination. A small error at any period of the disease may be attended with fatal consequences. The human machine is neither a mill-hopper nor a retort, through which, especially in an abnormal condition, all kinds of ingredients can pass without harm. And yet so great is the tenacity with which life clings to its clay tenement, that it sometimes sustains its hold against the encroachments of disease, and the measures used for its removal. Reputed great cures are sometimes greater escapes from remedies than from diseases.

CAN THE DISEASE BE ARRESTED AT ITS ONSET ?—Of the truth of the affirmative of this, I have no doubt. It is an admitted position, that a person may be exposed to an infectious disease, and afterwards, if he be not subjected to exciting causes, as fatigue, &c., its influence will not be experienced. In respect to the disorder under consideration, a check and subsequent exemption may be extended to the first stages of it. To accomplish this desirable object, the sooner the remedial measures, after a seizure, are adopted, the greater the promise of a successful issue. Time is now every thing. The measure, which at this period may sever the chain of abnormal phenomena, will soon become inefficient, or useful only to control the morbid actions as they shall be developed. The measures demanded will vary with the existing morbid condition of the system. These must all conspire to remove the febrile heat, the chills, rigors, or local engorgements or pains present. As a general principle, there has no one means been attended with more uniform success than a free and universal sweat. To ensure its most beneficial and salutary results, it must be uniformly extended over the whole system. There must neither exist local engorgements, nor remain a too high grade of febrile action. The patient should be placed in a favorable and easy position, the temperature of the room kept at about 70°, and the means used ought always to be of a soothing, quieting character, and never of a heating stimulating kind.

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[*] Dr. Bigelow.

Enlargement of the Thyroid Body, with a collection of fluid in its substance, and its analysis.

BY MR. J. MASSEY, SURGEON, NOTTINGHAM.

Mrs. Matthews, aged 36 years, the mother of five children, has enjoyed tolerable good health till within the last twelve months; has an enlargement of the thyroid body, which has existed ten years. Its increase has been gradual, and not attended with pain. Of late it has become of such magnitude as to cause great inconvenience, more particularly during the last three or four months.

Feb. 16, 1841.—Her complexion is sallow; she complains of nausea, headache, vertigo; and there is general turgescence of the vessels of the head; the bowels for the last twelve months have been very costive; evacuations scybalous, with flatulency and irregular pains over the abdominal region; dyspnœa accompanied with wheezing, hoarseness, and a sensation of choking, much increased by stooping and unusual exertion; the throat is dry and husky, producing a tickling cough; she feels as if a cord were tied round her neck, and a heavy weight placed behind and between the shoulders; she complains also of a numbness of the hands and fingers, which is not the case with the lower extremities; she has palpitation with pain over the right hepatic region; has never had jaundice, although there is now a very slight yellowness of the conjunctivæ.

Both lobes of the thyroid body are considerably enlarged; on the right side it extends inferiorly to the clavicle, superiorly to the upper border of the thyroid cartilage, and posteriorly behind the posterior border to the sterno-mastoid muscle; on the left side the disease is much less extensive; the connecting portion or isthmus is tense, elastic, and very prominent in front of the trachea, separated from the lateral portions by a groove, giving the whole the appearance of three lobes of different sizes and character; the right lobe had a distinct lobulated feel, the left being more of its natural structure; whilst the third or central portion had a uniform globular surface about the size of an orange with an evident sense of fluctuation; the lateral portions descending on each side of the windpipe formed with the transverse portion above a kind of archway, in the centre of which the rings of the trachea could be readily felt.

Feb. 20.—I introduced the exploration needle into the superior or central portion, and evacuated two ounces of fluid of a deep brown color, having crystalline particles floating in it. This portion of the tumor was by this means reduced almost to its natural size.

I forwarded the fluid to my friend Dr. Wright, now Physician to the Dispensary, Birmingham, who kindly favored me with the following analysis of it:—

Slighly alkaline, but containing no ammonia. Specific gravity, 1.0386. Composition,

Water	823.640
Coloring matter	67.250
Albumen	59.600
Cholesterine	19.870
Oily matter	5.190
Gelatine	8.320
Salts, chlorides, phosphates, sulphates, carbonates, lime and soda	11.950 4.180
Loss	
	1000.000

She was directed to rub in freely Ung. Potassæ Hyd., and take twenty drops of the solution of iodine three times a day.

Feb. 26.—Since the evacuation of the fluid, the enlargement has assumed a totally different appearance, the two lateral portions having approximated to each other from the tumor in front of the trachea; the central portion has entirely disappeared; the whole mass, diminished to not more than one half its original size, is more firm to the touch, not painful, and has no sense of fluctuation; the breathing is more free, and her general health ameliorated. Contin. Med.

March 2.—Much as before; tumor gradually diminished. Cont. Med.

April 20.—Bowels continue costive, and she has suffered from febrile symptoms for the last week.

℞ Mist. Mind. ʒiss. 4ter horis.
℞ Pil. Rhei Co. gr. x. o. u.

The tumor is now about the size of a hen's egg.

May 2.—Has been unable to attend since last report, having had a severe attack of fever. The febrifuge remedies were continued during that period.

May 18.—Have introduced a seton of silk, and directed a poultice to be applied over it.—Capt. Pulv. Rhei Co. ʒi. 2a quaque mane p. r. n. Cont. Mist. Mind.

May 30.—Seton removed; it has discharged a serous fluid partaking of the same nature as was evacuated by the needle. She thinks the tumor is about one-third less than before its introduction; complains of general debility and palpitation; the bowels are now daily relieved.—Hirudines vi. bis in septimana; Pil. Rhei Co. gr. x. o. u.

℞ Potassæ Hyd. ʒi.
Sig. Potassæ. ʒii.
Infus. Gent. Co. ʒviii.
M. ʒi. ter die.

June 22.—Since last report she has continued the treatment prescribed with considerable advantage; her appetite is better; her general health is much improved; bowels continue to be regularly relieved by a mild aperient. There is a discharge of sero-purulent matter from an opening left by the seton. This has been analysed also by Dr. W. and does not contain cholesterine. The complexion is less sallow, and the conjunctiva free from any bilious tinge. The tumor has very considerably diminished, is not at all painful. Utatur bis in die Ungt. Hyd. fort. Cont. Mist. Gent Co. c. Potassæ Hyd.

28.—The wound is now healed, and the tumor diminished to the size of a small pigeon's egg.

Nov. 25.—Since last report I have not seen the patient, as she lives in the country, but have been informed of her death, which was caused by a disease totally different to that I have reported.

The above case is very interesting, not only in showing the abnormal secretion of this body, but also from its separating with the other fluid so large a quantity of cholesterine; also the very torpid state of the bowels before the fluid was evacuated from the cyst; and a considerable reduction in the volume of the tumor had been effected by the remedies; and from their altered condition in this respect subsequently, viz. Feb. 6, May 30, and June 22. Another remarkable fact is, the change which took place in the situation of the tumor after the use of the exploration needle.

The difference of the appearance and character of the enlargement observed in the three portions of this body illustrate very clearly its pathological condition and development. On the right side, the lobular structure was large, and the cells throughout its entire extent appeared to be distended with fluid, although not in that quantity necessary to rupture many, if any of them. On the left side, the lobular structure was much smaller, and approximated more to its natural state, whereas in the central portion, the secretion had accumulated in so large a quantity as completely to rupture the cells, and convert the whole of this portion into a cyst from which the fluid was evacuated.

The questions suggesting themselves are, *firstly*, Whether the disease called bronchocele does not primarily consist in an enlargement of the thyroid body, produced by an increase of the natural secretions into the cells of one or more portions of the lobular structure, as the exciting or predisposing cause shall have greater or less influence; and *secondly*, Whether this fluid does not become altered in character as the vitiated condition of the circulating system may eventually determine.

I have, at the present time, a number of cases of a similar nature under my care, which will enable me, I think, satisfactorily to dispose of the above question.—*Edinb. Med. and Surg. Journal.*

Extraordinary Case.

TO THE EDITOR OF THE LANCET.

SIR:—

Miss H., aged 19 years, of vigorous constitution, from slight exposure to cold was seized with all the symptoms of pneumonia, which yielded to appropriate antiphlogistic treatment. Some days after I again called to see her, and found her complaining of pain in the head, more particularly ascribed to the temples, and becoming intensely acute from the slightest exposure to light. She had not, as she stated, with her other symptoms, voided any urine for the last forty-eight hours. Having again prescribed such remedies as I deemed best adapted for her then suffering condition, I left her, but was very soon summoned for her relief, her remedies not effecting the purposes intended, although her bowels had freely responded to the action of cathartics previously given, she was seized with violent convulsions, which I suppose arose from the irritation and pain induced from a distended bladder. I of course immediately resorted to the introduction of the catheter, which brought away a quantity of black fetid water, having the semblance of ink. Her convulsion having ceased, I directed her to be kept as quiet as possible, and left for her powders of Pulv. Doveri, Cum Nitrat. Potassæ, to be given her at repeated intervals. In a short period she was astonishingly relieved by a *copious discharge from both ears of water very much resembling urine, both in color and smell.* A quantity having been collected, was submitted to many respectable physicians of this city, and the patient visited by them, one of whom was the late distinguished and worthy Professor, at that time, of the Theory and Practice of Physic, Dr. David Hosack; he having at that time in his possession a statement of a similar case, from a physician in New Jersey, of indubitable authority, in all respects the same, both as it regards premonitory and consecutive symptoms. This peculiar catachysmus of symptoms has in no way as yet been accounted for by any pathological science yet discovered. She having recovered from her several attacks, is now living, and a mother of several children, enjoying good health.

Respectfully yours, &c.

SAMUEL S. KUYPERS, M. D.

New York, May 20, 1842.

Reduction of a Strangulated Hernia, apparently effected by Acupuncture.

BY DR. DASER.

A man, 50 years of age, was seized with strangulated hernia, with vomiting of stercoral matter, and all the other usual symptoms. The taxis having failed, Dr. Daser, before having recourse to the operation for strangulated hernia, with the view of trying the effect of acupuncture, for the purpose of evacuating the gaseous contents of the strangulated portion of intestine, made two punctures in it with a long fine needle. No gaseous matters apparently escaped, but the patient complained of acute pain, and loud gurgling sounds were heard in the abdomen, immediately after which the hernia was spontaneously reduced. Dr. Daser attributed this fortunate occurrence to the prick of the needle having excited the contractility of the intestine, causing it to contract on its contents, expel the gaseous matter into the abdominal portions of the gut, and thus facilitate its reduction.—*Edinburgh Medical and Surgical Journal.*

THE COLLATERAL SCIENCES.

Researches on the Movement and Sounds of the Heart.

BY J. H. S. BEAU.

M. Beau, who has already published several important papers on the movements and sounds of the heart, has at last arrived at very interesting conclusions. It results from his experiments and observations, that the natural sounds of the heart are accompanied each by its own peculiar impulse or motion, the sharp or first sound being attended with the striking of the point of the ventricle against the side of the chest; the prolonged or grave sound being accompanied by a movement referable to the base of the heart. He shows that the intensity of each of these movements is proportioned to that of its attendant sound; the impulse of the ventricle and its attending sound being greater than those of the base of the heart. The first sound of the heart, therefore, appears to result from the impulse of the current of blood against the ventricular walls, and the second from the striking of the current of blood against the walls of the auricle. The alternate shock of these two currents is made evident to the senses by the shock which the fingers receive when applied to the region of the heart, and by the sound which the ear detects.

M. Beau attributes the sharpness of the first sound to the velocity with which the current of blood is darted from the auricle to the ventricle; and the prolonged nature of the second sound to the comparative slowness with which the veins impel their current of blood. In order to show that the causes he assigns for the sounds are sufficient to produce them, he instances the following experiments:—A piece of intestine, about a foot long, was tied at one end, and filled three-fourths with water; the air was then carefully expelled from the upper extremity, and a ligature passed around it also. It was essential to the experiment that every particle of air should be excluded from the intestine. The fingers were then passed around the lower end of the empty portion of the intestine, so as to prevent any water reaching that portion; and whilst strong pressure was exercised over the portion which was filled with water, the fingers were suddenly relaxed, and the water allowed to enter with a jerk into the empty space. Instantly, a sharp sound and movement were heard and seen, the sound of the shock being heard even at some distance.

M. Beau then shows how all the recorded facts can be explained on this supposition much more satisfactorily than any yet attempted. He notices the experiments of Laennec, Bouillaud, Barth, Roger, Williams, Hope, &c., and points out that many of the facts stated by them corroborate his opinion, though their theories for the sounds were so different.

He notices some of the accessory sounds as the *tintement metallique* and the *bruit musculaire ;* the first being caused, as Bouillaud showed, by the impulse of the apex of the heart against the thoracic parietes, the second perhaps never being heard except in the large hearts of the lower animals when removed from the chest.

The morbid sounds, as the rasping, sawing, or blowing sounds, &c., he regards as produced by the friction of the current of blood being increased by a want of proportion between it and the cardiac apertures, this want of proportion being caused either by the increased size of the current, or the contraction of the cardiac apertures. M. Beau quotes the opinions of different authors to show that, though their theories are different, they by their statement of facts show that auriculo-ventricular disease was present when abnormal sounds had been heard during the first sharp sound of the heart ; and that when this disease was present, frequently no sounds were heard attending the second sound of the heart. M. Beau also shows that, in disease of the aortic valves, the bruit caused thereby is generally heard attending the last or prolonged sound, and when it is loud masking that sound completely. He shows that these valves will be called into action just at the time when the prolonged sound is produced by the flow of blood into the auricle, and the two sounds will therefore be heard at the same time.—*Archives Generales de Medecine.*

On the Structure of Mucous Membranes.

BY M. FLOURENS.

M. Flourens, by means of long-continued maceration, succeeded in separating and exhibiting in distinct layers the component layers of mucous membranes. He found them to be composed of three superimposed laminæ,—the exterior, which was also the thinnest, consisting of the epithelium, below which lay the mucous layer, the lowest of all consisting of the true dermoid tissue. When these layers were exhibited by the process employed by Malpighi, viz. by immersion in boiling water, the mucous layer presented the appearance of a net-work, and not of a continuous layer, which it always did when maceration was employed. Not only did all the membranes generally considered as mucous exhibit these three distinct layers, but the internal coats of arteries presented the same structure. M. Flourens exhibited specimens of the mucous membranes thus prepared to the Academy.—*Comptes Rendus des Séances de l'Academie des Sciences, 29th November*, 1841.

MISCELLANEOUS ITEMS AND INTELLIGENCE.

Employment of Veratria to allay pain of Surgical Operations.

TO THE EDITOR OF THE LANCET.

Sir :—

I am not aware that veratria has ever been used to allay, or rather to prevent the pain attending surgical operations. Its use in neuralgia is, I know, very common. I have tried three or four times where the incisions have been small, but it fully answered my expectations ; the patients suffered little or no pain. Whether it will succeed as well on a large scale I have had no opportunity of trying, but I think it will. Will you be kind enough to request some of your surgical readers to make a trial of it in cases of amputation, excision of tumors, &c. where the incisions will be extensive, and to state the result in your valuable journal. I make use of a strong solution of the veratria in alcohol, and rub it on the part until it becomes insensible to feeling, then quickly and carefully wash it with soap and water, and proceed with the operation.

Respectfully yours,

Medicus.

Abdominal Supporter.

Mrs. Dibble, of this city, the lady referred to by a correspondent, has waited on us, and afforded us an opportunity of inspecting her abdominal supporter, for which she has obtained a patent. We regard the instrument as well constructed, safe, and calculated to be highly serviceable to those requiring its application. Mrs. Dibble is a lady of great respectability, and we have pleasure in commending her to the notice of the profession.

The half-yearly meeting of the London Society for the relief of the Widows and Orphans of Medical men was held on the 30th of March last. It appeared, from the auditor's report, that the sum of £632 had been granted during the first *half year* to thirty-one widows and fourteen children of deceased members, and that £100 had been funded. The stock of this highly prosperous institution now amounts to £42,000, (upwards of $200,000.)

A semi-monthly medical journal has been in existence at Malta for upwards of a year past, and is succeeding well. It is called '*Il Filocamo, Giornale Medico-Scientifico, e di Educazione.*'

Dr. Murphy, of the Lying-in-Hospital, Dublin, and a gentleman of high attainments and great experience, has succeeded Dr. Davis as Professor of Midwifery in University College, London.

Maxims of a Retired Medical Practitioner, Æt. 69, and a Bachelor.

I.—Never refuse a fee.

II.—Take a house near a thoroughfare, but not in it ; and avoid a move as you would the d—l.

III.—Give up practice, before practice gives you up.

IV.—Take time by the fore-lock, and save whilst you are in fashion ; for practice, like peas, gets out of season.

V.—The road to eminence is slow but certain, the greatest impediments we have to encounter, are plausible sycophants and 'good-natured friends.'

VI.—He who rises rapidly, descends before long, even below his level.

VII.—Dinners and fees are incompatible.

VIII.—Don't marry until you please, or don't marry at all if it pleases you better ; none but speculative mammas and disappointed spinsters refuse to consult the unmarried.

IX.—Stick to your last and shun politics. Physic and law are distant, and very different matters.

X.—The man who seeks patients by going to church destroys his own soul, and is soon seen through.

XI.—If you desire a reputation for wealth, never associate with professors, nor be seen at medical conversaziones.

XII.—Give an early exit to matter when situated under a fascia, and never give lectures.

XIII.—Never give a satisfactory answer to any question you may be asked in a sick room.

A complimentary address was recently presented to Dr. Clutterbuck, on his retiring from the presidency of the London Medical Society.

Dr. Dunbar has resigned the chair of Surgery in 'Washington University,' Baltimore, and has been succeeded by Dr. Baxby.

Books, &c. Received.

Pathology founded on the Natural System of Anatomy and Physiology. By Alexander Walker, author of 'Intermarriage,' &c. New York: J. & H. G. Langley, 57 Chatham street. 1842. 12 mo. pp. 186.

Third Book of Natural History. Ornithology. Rushenberger's Series. Turner & Fisher, Philadelphia, and Chatham street, New York.

Twenty-fifth Annual Report of the State of the Frankford (Pa.) Asylum for the Relief of Persons Deprived of the Use of Reason. (From Dr. Earl, Resident Physician.)

Letters on the College of Physicians and Surgeons. By Graviora Manent. (Pamphlet, pp. 16.)

To Correspondents.

'Alpha,' writing from Philadelphia, takes in high dudgeon the remarks made by that impertinent 'intimate' of ours—'Idem et Eyed-'em'—respecting Professor Dunglison's talents as a compiler, and charges Dr. Forry with sins of far greater magnitude in puloining a few sentences from the Professor's work on the 'Elements of Hygiene.' We have investigated the matter, and find that the charge of 'Alpha' is certainly not so well sustained as that of our correspondent on whose communication 'Alpha' so *temperately* animadverts. The ground on which 'Alpha,' we presume, chiefly relies in order to make out his case, is presented by the following passages:—

> Who could pronounce, except instructed by experience, that the verdant banks of many of our streams should be liable to this noxious exhalation? On many parts of the elevated banks of the Schuylkill, and Delaware, villas were erected at a time when intermittents were scarcely known in those localities; but of late years many have been abandoned, owing to their insalubrity. In the case of the Narrows, of which we have already spoken, refreshed by a constant sea breeze, and devoid of malarious diseases for perhaps forty years, the most fatal affections of this kind appeared for a season; committed extensive ravages, especially among the poor—and too often intemperate—laborers, employed at the time in the erection of Fort Hamilton, and in the following season all was again salubrity. Yet no difference was perceptible in the locality.—*Elements of Hygiene*, p. 127.

> As an illustration of the remark that malaria sometimes makes its appearance in places which had previously enjoyed a complete exemption, it may be mentioned that, at the Narrows near New York, intermittents and remittents appeared, in 1828, in their severest forms among the laborers employed in the erection of Fort Hamilton; and, at the same time, Staten Island and the elevated coast of Long Island in the vicinity of the Narrows, where a case of intermitting fever had been almost unknown, became so subject to these febrile diseases, as to drive the inhabitants from their possessions. In like manner, on the elevated banks of the Schuylkill, villas were erected at a time when intermittents were scarcely known; but, in consequence of their great prevalence in late years, many of them have been abandoned.—*Forry's Work*, pp. 306–7.

Now these extracts merely embody facts, which were obtained in all probability by both writers from the same source—the official returns from the army posts.

As to Professor Dunglison,—whom we certainly regard as being useful in his day and generation, and have more than once expressed our approbation of his labors to a certain extent,—we find fault chiefly with his practice of embodying in his work the opinions, and language of authors whom he has consulted not in their own books, but at the hands of their compilers, taking at the same time to himself the credit of that industrious research, and judicious application, which belong not to him, but to the men whose labor he thus appropriates. Of this system the manufacture of Dr. Forry's article on 'Dengue' was a tolerably fair specimen, and hence the admission into our columns of that article which has elicited the wrath of 'Alpha.'

We suppose we had better say, once for all, that we can't afford space for all the 'Phenomena' amongst us, to whom the classical description applies—

'And they nibbled away, both night and day,
Like mice in a round of Glo'ster—
Great rogues all, both great and small,
From Flood to Leslie Foster.
Great rogues all!'

The writer of the communication signed 'Many Dentists' is informed that the paragraph referred to was inserted by us entirly unsolicited by the individual in question, and who, we of course believe, possesses merits which sustain the truth of our commendation. And the same good-will we are ready to extend to *any* member of this respectable profession whom we may regard as especially deserving.

'The Leeches' is a poem of unequivocal merit, but is not adapted for our pages, in which opinion we think the writer agrees from his urgent request regarding its insertion in another publication. With that request we would gladly comply had we the power, but not having it, our correspondent must take the will for the deed. The article is left at our publishing office for the auther. The suggestion of our correspondent is appreciated as evincing good-will, and will in due time, and in the course of arrangements already made, be adopted.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending May 28, 1842.

21 Men, 42 Women, 44 Boys, 31 Girls. Total, 137.

DISEASES.

Apoplexy	5	Intemperance	1
Asthma	0	Inflammation	1
Asphyxia	1	Of liver	1
Abscess	1	Of bladder	0
Aneurism	0	Of brain	7
Bleeding	0	Of stomach	0
Bleeding from stomach	0	Of chest	4
Bleeding from lungs	0	Of lungs	9
Burned or scalded	0	Of bowels	3
Casualties	1	Of heart	0
Cholera infantum	1	Of kidneys	0
Cholera morbus	1	Insanity	0
Cancer	0	Jaundice	0
Consumption	19	Killed or murdered	0
Convulsions	7	Lues Venera	1
Croup or hives	3	Mortification	2
Debility	0	Malformation	2
Delirium tremens	2	Marasmus	3
Diabetes	0	Measles	0
Diarrhœa	0	Old age	3
Death from poison	0	Organic disease of heart	5
Dropsy	1	Palsy	0
Dropsy in head	6	Rupture	0
Dropsy in the chest	2	Rheumatism	0
Drowned	1	Spinal disease	1
Dysentery	1	Suicide	0
Erysipelas	4	Sprue	0
Epilepsy	3	Small-pox	4
Fever	1	Scrofula	0
Scarlet	13	Teething	0
Typhoid	3	Tumor	0
Puerperal	2	Unknown	0
Remittent	4	Ulceration of throat	0
Bilious	2	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	2
Hip Disease	1	Worms	0

AGES.

Of 1 year and under, 24; between 1 and 2, 12; 2 and 5, 18; 5 and 10, 8; 10 and 20, 9; 20 and 30. 11; 30 and 40, 21; 40 and 50, 15; 50 and 60, 7; 60 and 70, 5; 70 and 80, 2; 80 and 90, 5; 90 and 100, 0; 100 and upwards, 0; unknown, 0.

William A. Walters, City Inspector.
City Inspector's Office, May 28, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, JUNE 11, 1842. No. 24.

REMARKS ILLUSTRATIVE
OF
THE NATURE, SYMPTOMS, AND TREATMENT
OF
SPINAL CURVATURES.

BY
RICHARD S. KISSAM, M.D., NEW YORK.

[WRITTEN FOR THE LANCET.]

No. II.

Causes of the various Curvatures.

I.—SIMPLE LATERAL CURVATURE.

I shall not dwell long on the causes which produce simple lateral curvature of the spine, because in many respects, they are the same as those which produce the compound curves, and the simple, by continuance, runs into the second variety. The first cause I shall name, therefore, as being the most frequent, is, congenital or accidental shortening of one of the lower extremities. It is very easy to perceive how this inequality in the length of the legs will cause a bend in the body, which being continued from necessity, will produce a simple curve in the spine, to accommodate the foot in touching the ground. This position will, of course, allow the muscles of the concave side to contract, and eventuate in permanent shortening. Contraction of some of the muscles supporting the spine is always the immediate cause of lateral curvature, (when the bones are not affected by caries,) though the remote causes are various. Inflammation of the muscles of the back is also a cause of simple curvature. This inflammation may arise from rheumatism, from injuries, or excessive exertion; in all of which cases the disease may exist for a few hours or days, or becoming chronic, may last for years, and unless judiciously treated, may become permanent. Long continued mal-positions, as those of painters using one arm in the exercise of their professional duties, authors sitting with one hand on a table writing, young nurses carrying a child habitually seated on one hip, or indeed any one position habitually assumed, may be a cause of this distortion. It will be perceived that these mal-positions are generally, if not always, connected with sedentary habits and an anxious life, which greatly facilitate the production of the curve.

Another set of causes will be found in the abominable method of physical education now in vogue in schools, into acquiescence with which even judicious parents are often unwittingly drawn. Precise methods of walking, paste-board positions in sitting, death-like positions during recumbency, and even the sleeping posture must be according to rule, and that of the *straightest* sect. All this tends directly to cause crooked backs, bandy legs, and a shuffling gait. *All* the muscles must act in order to become developed, and *all* the muscles must *rest* when they become *fatigued*. When a child is made to sit for hours on a stool or bench without a back, many of the muscles of the spine become so weary that they do not recover themselves, and their antagonising muscles overcome them, and thus produce a curve in the spinal column. A child must *run*, must *jump*, must *lay coiled up*, in order to exercise all the muscles of the back; but if all these forces are kept quiet, they become weakened, and lose their power, and the balance is lost. Place an infant on the floor, and mark its position; its limbs become flexed and legs raised on high, its back, when on its side, assumes a gentle curve; just so a child of nature of an older period: these are the natural positions of *resting*. Now see that boy arise; he stands upright—the back is straight, his head is held erect; his *mind* does not do this, but his *rested muscles* do it. What a contrast to the weary girl who has been taught all day *how to stand?* How to stand! why the effort is very great, and being artificial is devoid of grace. But inspect a country schoolroom. The boys and girls, when they do sit, are all coiled up, like hoops; but their spinal muscles are *resting*, the best way they can, without backs to their seats. These children have no lateral curves in their spines; but the boarding-school miss, who sits as straight as a poker, and walks as precise as a nun, she it is who becomes the victim. We need not stop to examine the soundness of that philosophy which teaches that the proper treatment of the 'rising generation,' is to stuff the mind and starve the body, for it is easy to obtain ample evidence that the descendants of such abused beings indicate in their weakened physical natures, in their premature mental qualities, in their increased animal propensities, the fallacy of the theory and the enormity of the wrong. These monstrous productions die early, having reaped no fame, and rarely leaving any to perpetuate their name.

II.—CAUSES OF LATERAL CURVATURE WITH PROJECTING SHOULDER AND ANGULAR RIBS.

All the causes enumerated in the last section may be considered as operating in the production of this form of curvature; indeed, if simple curvature be long continued, it generally terminates in the compound variety. It must be borne in mind that this form of disease is always immediately produced by a contracted state of the muscles supporting the spine. The spinal column being the arc, and the contracted muscle the chord; there are several arcs and chords in every spine affected with this form of curvature. It has been observed by Guérin, of Paris, who has attended much to this subject, that monsters sent into the world with their brains arrested in their development—that in all such cases, where the muscular system has progressed in its development, almost uniformly, the muscles of some parts have ceased to grow, and consequently the bones of various parts have been pulled into curves—such as spinal curvatures, clubfoot, dislocated limbs, contracted fingers, and inverted eye-balls, causing squinting. These appearances are sometimes very aggravated; in some acephalous monsters, indeed, they do not exist; but in cases where the brain has been arrested when in an advanced state, the contortions are very great. The child may or may not exhibit to the sight the peculiar state of the brain and nervous system which has led to this state of contraction in the muscular system; in a very great majority of instances, indeed, no appearances except the osseous deformity exist. I have cited the above more to impress forcibly upon my readers the cause of this distortion, than as of any practical importance, though it will also illustrate what I have to say on the effects of nervous disease in producing compound spinal curvatures. The muscular system being so entirely under the control of the brain and nervous power, it is not wonderful that a diseased condition of the last should induce a similar one of the first. Most of our motions (which are performed by means of contraction of the various muscles) are involuntary. Every emotion of the mind, every sensation of the body, each new impulse, each desire, is accompanied by motions independent of the will. Does danger alarm—the arms for defence, the lower limbs for locomotion, are at once set in motion; does pain invade from extraneous causes—with what inconceivable velocity does retraction take place; does anger agitate—the features assume a ferocious aspect, and attitudes of offence are assumed by intuition; or does joy come to us with its soothing strain—the whole body expands, the eyes are turned and the arms lifted to heaven in an unconscious expression of gratitude. These various motions of the muscles are produced through the medium of the nervous system, and are involuntary. If a healthy state of the brain and nerves cause such wonderful and varying contractions and expansions of the muscles, it is not strange that a diseased condition should induce greater, more permanent and more destructive effects. Cramp is an instance of diseased muscular contraction familiar to almost all persons; when this takes place in the leg, the foot or toe is drawn up or down with great violence; but cramp is attended with a great degree of pain, which seldom occurs in contraction promoting curvature of the spine, although the pain along the spine may in some cases be caused by this when the disease is very rapid in its progress. In such cases where the patient has been enfeebled by disease, or an injudicious course of physical education, or has received a blow on a muscle, or from a diseased condition of the nerves going to a muscle, this muscle becomes paralyzed and ceases to grow. It is easy to see, if the subjects be young, and their spines elongating, that the column may be pulled to one side, and a curve be produced. More than one muscle may be thus situated, and according to their position will induce several arcs by acting as chords. Again, the brain from a primary or induced disease, can, through the medium of the nerves, cause constant contractions of the muscles; this is familiarly known to take place in 'locked jaw,' and is seen to occur for a shorter time in the convulsions of hysterical females. Every medical man has seen strabismus, or a turned eye, induced by an irritation of the brain, through a diseased state of the stomach and bowels. It is quite possible that the local irritation of tight dressing, can induce a paralytic condition of the confined and unexercised muscles. The state of nervous excitement promoted by too much taxing the brain, is a well known fact; to it and to the teasing of petty ambition, and a debilitated physical condition, may be attributed the great increase of all nervous diseases, for the mind may become both organically and functionally diseased. Insanity, epilepsy, palpitations of the heart, and muscular contractions, are in some measure induced by similar causes—too much excitement of the mind, and too little exercise of the body—too much anxiety and sorrow, and too little relaxation and enjoyment. As extremes tend to meet, it is very well known that great fatigue, and too free living and an idle life, may also cause these diseases. Who is the victim of spinal deformity? Is it the hardy country girl? Is it the toiling servant girl? No! but rather the misdirected and pampered daughter of fortune; her body enfeebled by improper dress and want of exercise; her brain enfeebled by over action, her digestion impaired by over feeding, and her whole nervous system deranged from all these causes combined. The body in early life requires more education than the mind, and that training ought to be very simple; the lungs will breathe, the heart will act, the muscles obey the will, the stomach will digest, in the best possible manner if you do not interfere with them; but confine a child for six hours in a hot room, in a constrained position; stuff his or her mind all this time, and some hours more; let them then eat when thus fatigued, and then leave them a prey to their increased nervous excitement, and can you be surprised that the nerves will set up an action of their own for exercise? The nerves of motion were made to impart a locomotive, a running, an acting influence; and in being baulked they run riot, sometimes producing spasms, and sometimes permanent contractions in the muscles under their influence.

III.—CAUSES OF LATERAL CURVATURE FROM DISEASED BONE.

When we come to describe the causes of convex curvature from diseases of the vertebræ, we shall enter more fully into the peculiar state of system which leads to this disease. When giving the symptoms of this form of lateral curvature, it was stated to be a very rare form of distortions 'per se,' but we can here state that many convex curvatures have a lateral inclination. A scrofulous habit will sometimes tend to this malady. When this peculiar inflammation attacks the vertebræ themselves, or more frequently the cartilages between them, it may be limited to one side of the vertebra attacked; then the cartilage or a wedge-like portion of two adjoining vertebræ being destroyed, a sudden curve or angle is produced in the spinal column. The difference between this angular turn and the gradual curve of muscular curvature has heretofore been alluded to, and when carefully examined into will be readily perceived, and serve as a sure sign of diagnosis. The symptoms also are very different. That condition of the bones called 'rickets,' will occasionally be followed by a lateral curvature of the spinal column. In this case the curvature may be caused by an irregular growth of the vertebra; one side becoming thicker than the other, thus forming a wedge-like shape—of course this would be followed by a leaning towards the thin side of the vertebræ. Again, rickets, by affecting the lower extremities, occasionally induces an unequal length in them; this, as has been before stated, will produce lateral curvature. Blows, falls, or any injury can also induce inflammation of the bony structure of the back, which may terminate in one side of the column only, being ulcerated, and end in lateral curvature. In the two succeeding sections we shall enter into the causes of rickets, which generally produces the common sort of hollow back called excurvation; and also describe ulceration of the vertebræ, causing excurvation, or humpback; which has been named 'Pott's disease,' from Dr. Pott, who first gave a faithful description of it.

IV.—CAUSES OF CONCAVE CURVATURE.

This curvature may exist in various degrees, from a slight hollow back, producing only local debility, to a very marked deformity, accompanied with inability for locomotion. The slight cases generally result from congenital debility, or unusual severity of infantile diseases; but the causes inducing the severe forms being arrested, may also become agents in their production. The shortening of one leg, either from congenital conformation or subsequent injuries, is followed frequently by an incurvation, in conjunction with a lateral inclination of the spinal column. The method of production can be easily understood, when it is remembered, that the inconvenience of a lateral inclination of the body is more easily borne by throwing the shoulders and head back and projecting the pelvis forward; indeed, that position would appear necessary to preserve a safe walking balance. Injuries inflicted upon the lumbar vertebræ will frequently be followed by incurvation of that portion of the spine. Paralysis following blows, falls, &c., or consequent upon cerebral or spinal affection frequently produces incurvation; when this does occur, the bodies of the lumbar vertebræ fall very far forward, and sometimes besides sinking down into the pelvis, rest on the pubic bones in front. When the paralysis is not long continued, then the body being again sustained by muscular action, the disease will become arrested. The position of sitting in paraplegic patients favors the production of incurvation. Hemiplegia is more frequently followed by lateral curvature than *in*curvation. Persons whose occupations require them to carry heavy burdens upon their *heads*, from throwing back the superior portions of the bodies, and the great weight, frequently become the subject of slight incurvation; they prove that the healthy seldom experience inconvenience from the distortion. Rachitis is the most prolific cause of incurvation of the spinal column. It would be foreign to our plan to trace the causes of rickets, as we are only speaking of it in connection with the causes of spinal curvature. Whatever is the true pathological condition of the bones in rachitis, one symptom certainly prevails—that of softness. When the spongy nature of the bodies of the lumbar vertebræ is considered, it cannot excite surprise that they should be among the first to yield to the superincumbent weight. Perhaps it is not quite understood what causes operate to determine *ex*curvation or *in*curvation of the lumber region in rachitis, for sometimes one and sometimes the other state prevails in almost exactly similar cases. The bodies of the vertebræ are not here destroyed, but only softened, so that the weight increases the natural curve of the parts; they generally, nay, almost always, terminate in *concave* curvature. It has occurred to me that when convexity of the spine follows a rachitic condition, it may be owing to the fact that the softening of the bodies of the lumbar vertebræ and of the intervertebral cartilages, may commence in the anterior portion of the bodies, and thus allow them to fall together, while the harder parts forming the processes and foramen are exempt for a time from disease. This is the *modus operandi* in excurvation from caries of the bodies of the vertebræ; the absorption usually commencing at the anterior circumference of these bones. It is, perhaps, unnecessary to mention tumors, malignant diseases, &c. &c., which occasionally press upon and cause absorption sufficient to induce a curvature; these are rare cases, and of no practical importance. When speaking of the causes of excurvation, the symptoms occupying a cancerous state of the spinal column will be adverted to, in order to diagnose it from caries of the bodies.

V.—CAUSES OF POSTERIOR OR CONVEX CURVATURE.

Caries of the bodies of the vertebræ is *the cause* of this very common and distressing disease; and to it and a cancerous condition only, will we refer at present. Weakly children are in a great majority of cases the victims invaded; perhaps the old term 'cachectic condition,' expresses all the combined appearances of the patient. I think the parents of the children will very generally be found to have been subjects either of pulmonary consumption, or of some other form of scrofula. It is now conceded that a scrofulous development may be the result of *bad* food, and an insufficient supply of it, together with a damp and confined habitation; these alone, or in combination with all the other deprivations attendant upon poverty, are amply sufficient to induce a scrofulous diathesis. When scrofula attacks the bodies of the vertebræ, it almost always destroys one or more of them, and of course produces excurvation. I have seen many children brought from the country deplorable objects of this disease; when they have been the offspring of parents in comfortable circumstances, and inhabitants of a healthy location, I have generally found that the parents were or had been subjects of phthisis. Not so the cases occurring in the city; for want and abuse produce a corresponding effect here, that congenital defect does in a pure atmosphere, with every thing necessary to maintain health and vigor. Perhaps it is loose language to speak of scrofula attacking the bones, but all that is necessary here is to convey the meaning commonly expressed by such language. When this peculiar diathesis is brought about by abuse of the body, in depriving it of proper food, air and exercise, the whole animal economy shows the infringement; the stature is small, the joints are large, the glands suppurate, or do not perform their functions, the lungs become irritable, and a cough is set up. When the disease concentrates itself on the spinal column, the bodies of several vertebræ are destroyed, the sounder parts fall together, producing a hump on the back, which may be at any point of the column; most commonly in these cases pus will be found about the diseased joints, and find its way out at the groins, and sometimes even at the inside of the knee joint. Inflammation may be induced by violence, and any cause which would be followed by a similar condition elsewhere. When, from some exciting cause, an inflammatory condition invades the spine of a healthy individual, and this condition prevails and continues either in the bodies of the vertebræ or the intervertebral cartilages, the destruction does not commonly extend beyond a single vertebra and the adjoining cartilages, and the consequent deformity is trivial. Occasionally the violence being severe, the destruction and deformity are correspondingly great. The growth of the whole body is soon arrested in those cases induced by congenital defect or long continued outward circumstances; when the child is more matured, and the attack the result of accidental causes, the development is not so suddenly arrested. The dorsal region of the spine is unfortunately most subject to this form of curvature, and when the curve does become consummated, all the thoracic viscera are compressed, and their functions materially disturbed, the lungs cannot sufficiently vitalize the blood, or the heart circulate it without obstruction; when we remember this, and consequent debility of the digestive organs, we cannot marvel that the stature should in these cases be diminutive. Cæsar Hawkins, in his reports in the Medico-Chirurgical Transactions, records several cases of curvature, the result of cancerous disease of the spinal column. The cases were attended with *severe* pain in the location, followed by distortion; and most of them were preceded by other carcinomatous manifestations.—Enlargement of the heart and aneurism of the large arteries also cause absorption of the bodies of the vertebræ, and consequent excurvation. The heart or artery diseased having first found adhesions to the investures of the spine, by constant and increasing pressure of the bony structure; it being a general law that the osseous system accommodates itself to soft parts, as well in diseased as in healthy processes. When excurvation of the spine is the result of rickets, in nine cases out of ten the location of it will be at the junction of the lumbar and dorsal vertebræ, and the protrusion will *not* be angular.

LECTURES.

A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.
BY
JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture XI.

Physical signs of disease of the lungs—Percussion: immediate and mediate—Modifying circumstances—Mode of performing it—Auscultation: mediate and immediate—Natural respiratory murmur—Bronchial respiration—Cavernous and amphoric respiration—Resonance of the voice—Rales, humid and dry—Egophony.

GENTLEMEN:—

We will consider in the present lecture the physical diagnosis of diseases of the lungs. It may be well to remember the difference between the rational and physical signs of disease. I have already alluded on several occasions to this point, but have not, perhaps, described it with sufficient fulness and accuracy. By 'rational signs' we understand those presented by derangements of the functions of organs—by 'physical signs' we mean those which are revealed by physical change in the structure of parts, and which are explained by the ordinary laws of physical science. Now the physical signs of disease of the chest, are cognizable by our senses, chiefly by the sense of hearing, and we do not require to institute any process of reasoning in this explanation. These signs so far as discovered by the sense of hearing, belong to two classes—those revealed by percussion, and those revealed by auscultation.

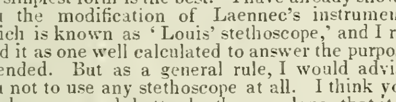
Percussion was introduced into medical practice about the middle of the last century by Anenbrugger, practising in Germany. He published a treatise on the subject, which did not, however, attract much attention until it was taken up by Corvisart, who translated the work into French, and accompanied it by notes of his own. Since then the subject has attracted great attention, and percussion has been diligently and extensively practised by the most careful investigators of disease. The older physicians employed what is termed 'immediate percussion,' by striking the chest with the finger or palm of the hand—a very imperfect mode of percussing the chest and of very little practical value; and how men could gain from it any accurate information, is to me perfectly inexplicable. Piorry, the present Professor of Medicine in Paris, was the first who introduced the employment of what he termed 'mediate percussion'—and which was effected by means of a plate of ivory covered with soft leather, and a handle by which the instrument is held in the fingers when used. This was soon found to be a most important improvement, inasmuch as it not only enabled the practitioner to ascertain with accuracy the precise seat of disease, but also to elicit from the chest much clearer and more distinct sounds than it was possible to obtain by the old process of immediate percussion. Various modifications of Piorry's instrument have since been introduced. But, I believe, I have already stated that the finger is by far the best plessimeter. It fits into all the interstices on the surface of the chest, and is preferable to any instrument I have ever seen.

Now there are certain circumstances which modify the character of the sounds elicited by percussion, and these it is very important to notice. In the first place, I would remark, there is a natural difference in the resonance of the chest in a state of health. On this point we have no fixed standard. We must judge by experience. It is altogether an affair of tact. Authors, who have written on percussion, I may here remark, have, by drawing parallel longitudinal and vertical lines, divided the chest into several regions, which they have denominated the sub-clavicular, the mammary, the hepatic, and so on. Now this division is, in my opinion, quite useless. There is, however, in the parietal structure of the chest, several things to be taken into account, and for which you must make allowance. The first circumstance which modifies the sound on percussion is the thickness of the parietes covering the chest—and consisting of the fat, muscles, and integuments. Other things being equal, in all cases where the thickness of the parietes is great, the sound is proportionably dull. The thickness of the parietes of the chest varies in different places, and you must take this into consideration as modifying the distinctness of the sounds in different situations. Under the axilla, for instance, there is a very clear sound, and so there is also usually immediately below the clavicle. So also on the posterior and inferior parts of the chest, just below the angle of the scapula; while above the spine of the scapula there is much comparative dulness. You will thus perceive the importance of remembering the fact that the sounds on percussion are partly modified by the thickness of the parietes in the region of your examination. Muscular tension has likewise a modifying influence, and therefore you must take into account not only the thickness of the muscular parietes, but also the degree of tension which may exist, and you must be careful that when percussing the chest the muscles are all in the same state of tension. The state of those organs which enter more or less into the cavity of the chest, and which do not communicate sound, are also to be taken into account. There is, you are aware, but one organ besides the lungs, that enters into the cavity of the chest proper—the heart—but there are two other organs which, although not situated directly in the chest, yet by their peculiar position do modify the sounds emitted on percussion—they are, the liver on the right side, and the spleen on the left. The liver lies, you know, directly in contact with the diaphragm, and usually rises as high as the seventh rib, and on percussing this region you will find flatness as high as the seventh rib, while the clear sound yielded by the lungs will be heard above; the flatness is discovered to the left nearly as far as the left nipple,—rather short of a line drawn vertically from the nipple. The spleen, as you are aware, varies much in size. In most cases, if you draw a vertical line from the centre of the axilla directly downward, you will bisect the spleen. But the spleen is to a certain extent a moveable organ. Fulness of the stomach may move it. It does not then have one uniform position or size. Every one in the habit of making post-mortem examinations must have seen that the spleen varies very much in size in different subjects. But you can have little difficulty in limiting the exact dimensions of the spleen or liver by auscultatory percussion, in the mode I have already described, when speaking of the best method of percussing the region of the heart, and ascertaining the size of that organ.

Let me now describe the manner in which you should make an auscultatory examination. The chest should be completely denuded, if in a male, and the patient should stand erect with the back against the door or wall of the apartment. If the patient be feeble and liable to experience chills from exposure to the cold, you can of course easily obviate any inconvenience of that nature by allowing a gown or overcoat to be thrown over the shoulders. By obliging the patient to assume this erect position you gain one great object—that is a uniform degree of tension of the muscles. While standing in this way all the muscles on both sides are rendered equally tense, and you are enabled to avoid any mistake which might readily arise if the muscles were not equally tense on both sides. You should percuss entirely with your fingers and wrist, and not with the arm, otherwise you will strike with unequal force, producing of course a diversity in the loudness and clearness of the sound which may mislead. But by keeping the elbow steadily fixed, and moving only the wrist and fingers, you will easily avoid this error. But you must not suppose that this act of percussion which seems so very simple, is such an easy thing to be acquired. It is infinitely more difficult to percuss a patient with accuracy in this way than you would suppose. And the facility of performing this apparently simple manipulation is only to be gained by assiduous practise. But the more you practise percussion of the more value it will become to you, for it is, as you readily perceive, a mere mechanical process. If your patient be a female, she will, of course, wear a light dress, usually a loose morning gown. But no practitioner of any tact will ever experience any difficulty in conducting such an examination with the least danger of offending the most sensitive delicacy. It is very desirable to avoid, if possible, percussing a patient in bed. Indeed, when a patient is so weak as to be unable to stand or sit, the disease must in most cases be so well marked as to render any minute examination unnecessary. It is in doubtful cases, where the signs are obscure and the symptoms not so well marked, that you require all this nicety of examination. Pneumonia and phthisis, for instance, when well marked, are easily recognized without resorting to this careful percussion. But however you may place a patient in bed, you cannot avoid having the muscles on one side more tense than on the other. For my own part I never feel half so well satisfied with the results of an examination when the patient has been in bed, as with one when he has been standing or even sitting up in a chair. In percussing the posterior part of the chest there is not the same difficulty. In that case the patient may sit up in bed or on a chair—the precise position is not so important as when the anterior part of the chest is subjected to examination. The arms should be crossed on the chest so as to render the muscles equally tense, and the spine should be inclined forward at a certain angle, so that the muscles on the posterior part of the chest may be equally contracted.

The mode of examining the chest by auscultation, is, you are aware, of comparatively modern invention, and more recent than that of percussion. Laennec, a distinguished physician in France, was, you know, the discoverer of mediate auscultation. He first used a rude instrument—a hollow cylinder, which doubtless in his hands answered very well. Every possible variety of this instrument has been made, and the profession now seem to think that the simplest form is the best. I have already shown you the modification of Laennec's instrument, which is known as 'Louis' stethoscope,' and I regard it as one well calculated to answer the purpose intended. But as a general rule, I would advise you not to use any stethoscope at all. I think you can hear so much better by the ear alone, that it is advisable to dispense with any instrument. Some practitioners, either for the purposes of display and impressing the vulgar, or with other views, make a great parade of the stethoscope, and affect to place great reliance on the aid which it affords. But, the virtue of the stethoscope in the hands of such practitioners, may be regarded as analogous to that formerly supposed to reside in the gold-headed cane.

When you apply the ear to the chest of a healthy individual, you hear a sound which is called 'the respiratory murmur.' It is soft, gradually rising on the ear, and is synchronous with the whole course of inspiration, commencing with it and ceasing with it. This is followed by a second shorter murmur, infinitely less distinct and infinitely less prolonged, and accompanying the act of expiration. It is very important to be able to distinguish between these two murmurs. The relative duration and distinctness of these two murmurs may be thus represented:—



The healthy murmur of inspiration varies in different cases. It is very strong and distinct in young children. In adult age it varies much, just as the sound emitted on percussion does. The only way in which you can ascertain whether it is stronger than natural is by the exercise of experienced judgment, and the comparison of different parts of the chest. For instance, suppose you listen under one clavicle and you think that the respiratory murmur is feeble there, and of course you are anxious to ascertain whether that arises from disease. You then examine the opposite region, and find the sound to be the same, and the inference is that the feebleness is natural. And if on further examination of another portion of the chest, the same result is obtained, your opinion respecting the feeble character of the murmur will be proportionably confirmed. But you recollect that this murmur may become feeble from disease. In the commencement of phthisis feebleness of the respiratory murmur is one of the first physical signs of the disease.

The next change I would mention is prolongation of the murmur which accompanies the act of expiration. This is a point of great importance. You will observe how short this murmur is in health in most parts of the chest. It is very important, however, to remark that this is not equally the case in all portions of the chest. At the summit of the right lung, both before and behind, the *expiration is naturally longer* than elsewhere, and this is particularly distinct if the patient respires with a little effort. The explanation of this peculiarity is anatomical—the bronchial tubes going to the summit of the right lung are shorter, larger, and more direct in their course than the corresponding tubes on the left side—hence, what may be called an approach to the bronchial respiration is developed. I think the first satisfactory explanation of this fact is due to Dr. Gerhard, of Philadelphia. But in certain cases of disease, as for instance where tubercles are just deposited, you have it prolonged so as to equal in duration and distinctness the murmur of inspiration. When you find this to be the case, there is ground for strong suspicion that disease exists. This point is of immense value in the formation of an accurate diagnosis. This prolonged expiration you will not generally find described in the books. It is the discovery of my friend and fellow-student, Dr. Jackson of Boston, who discovered, during the period when he was prosecuting his studies in Paris, that this prolongation of the expiratory murmur was indicative of the early existence of tubercles in the lungs. The accuracy of Dr. Jackson's observations on this point have been fully confirmed by many observers since that period.

The next change in the respiration, to which I would direct your attention, is what is called the 'bronchial respiration.' Before proceeding further I should remark, that the murmur which accompanies healthy respiration is explained by the supposition that it is the friction of the air against the air-cells, as they gradually expand during the act of inspiration and contract during expiration. Now you will at once perceive that any thing which blocks up these air-cells will destroy the healthy murmur, and produce what we call the 'bronchial respiration,' because heard only in the bronchial tubes, and through a condensed pulmonary tissue; on this account also the bronchial respiration is usually much more loud and distinct than the murmur of healthy respiration. A person just commencing the practice of auscultation can catch it much more readily than he can the simple respiratory murmur. This bronchial respiration may frequently be very marked, and is then called the 'blowing respiration,' and may be imitated by blowing through a common quill. It is heard during inspiration and still more during expiration.

The next modification of this sound is what is termed the 'cavernous respiration.' Suppose we have a cavity formed in the lungs by ulceration, for instance, of tuberculous deposit, and this cavity communicates by an aperture with a bronchial tube; the air in passing into this cavity produces this cavernous respiration. When once heard there is no difficulty in detecting this sound in every instance in which it is developed. It may be very closely imitated by putting the palms of the hands close together and blowing into them. This sound is softer than that of the bronchial respiration, and approaches, I think, more nearly to the 'vesicular murmur;' but it is heard alike during inspiration and expiration, and has this soft blowing character. There is a modification of it, which we term the 'amphoric respiration.' Sometimes we have a cavity of considerable size in the pleura, communicating with the bronchial tube by an aperture, so that the air passes into and out of the cavity. The cavity being so superficial, the sound of the air circulating in it, is, of course, very distinctly heard. In such a case you have the 'amphoric respiration,' so called from its resemblance to the sound produced by blowing into an empty bottle. It is nothing, you will recollect, but an exaggeration of the 'cavernous respiration.' And I may remark, that although in many cases these modifications are distinctly marked, yet in other instances they run into each other by such imperceptible gradations that you cannot distinguish to what particular class they belong. Two practitioners equally versed in auscultation, may differ in their opinion with regard to the particular modification presented in an individual case. These then are the principal modifications of the respiratory murmur.

Now if you apply your ear to the chest of a healthy individual, you will, when he speaks, recognize a distinct shock communicated by the voice.

When this becomes more intense than natural, that is when bronchial respiration exists, this resonance is greater, and is denominated 'bronchophony.' I should remark that you always discover, in a state of health, this increased resonance at the root of the lungs, in consequence of the large size and more superficial position of the bronchial tubes at this portion of the organ. When this 'bronchophony' exists in a still greater degree, it is denominated 'pectoriloquy.' You perceive in this case, a shock which seems to travel directly through the stethoscope, and the sound appears to issue exactly from that particular spot to which the instrument is applied. These various modifications of the sound emitted by the voice pass insensibly into each other in the same manner as those of the respiration. For my own part, I do not place much confidence in this resonance as illustrative of disease. I do not think it can be depended on, and for these reasons:—in the first place, there is no fixed standard of resonance. Different chests resound differently, and the same chest, even in a state of health, does not always possess the same degree of resonance. For instance, you have a patient whose voice is sharp and rather feeble, you will have little resonance, but on his changing his tone to one more full and distinct, the resonance will be found to be more intense. Then, again, there is always more resonance on one side than the other. Louis, in the course of a conversation with me on this subject, remarked that he had been much puzzled by the fact that the resonance of the voice was greater over the top of the right lung than on the opposite side, in cases where he could not detect any marked evidence of disease. The explanation was, as I have already stated, afterwards given by Dr. Gerhard, of Philadelphia. You will find that the bronchus going to the summit of the right lung, is much shorter and more direct in its course than that going to the left lung; consequently the vibrations generated in the larynx are more directly and forcibly transmitted to the right bronchus, rendering the resonance more intense at that portion of the lung. You will therefore recollect this fact in making auscultatory examinations. These modifications of the sound of the voice are not very well marked in cases of slight disease, and as I remarked, are not to be relied on with much confidence.

There is another class of signs which are of importance, and they are those resulting not from changes in the structure of the parts, but from secretions in the cavities of the brochial tubes. In all diseases of the lungs there is more or less irritation of the mucous membrane which lines the bronchi, and the effect of this is to produce a secretion of mucus or some other fluid. In health the mucous secretion is just in sufficient quantity to lubricate the bronchial tubes. But when this membrane becomes inflamed or irritated, there may be a copious secretion of mucus into the cavities of the tubes, and from the air becoming mixed up with this fluid, characteristic sounds are generated. The bursting of the air-bubbles thus formed may be heard distinctly, and the modifications of this sound, which are termed 'rales,' afford evidence of the existence of this diseased condition of the tubes. We have first the 'crepitant rale,' which is very important, inasmuch as it marks the first stage of pneumonia. The sound produced of rubbing the hair between the fingers is precisely analagous to the 'crepitant rale.' It is heard only during inspiration—remember that!

Then again, when the mucous secretion is thrown out in increased quantity in the larger bronchi, we have the 'sub-crepitant rale' and 'mucous rale.' These terms are nearly synonymous. I will use the latter term as expressive of the sound produced by the bursting of the air-bubbles in the bronchial tubes. These bubbles vary very much in size, as we perceive from the expectoration in those cases; while in the sputa expectorated in pneumonia, the air-bubbles are all of the same size, and extremely minute; consequently in such cases the sound produced by their bursting is sharp, clear, and uniform. But in bronchitis the bubbles are of all sizes—some as large as the head of a pin, others the size of a pea, and others of all intermediate sizes. The sound generated in this case is therefore unequal, and this irregularity in the intensity of the sound is strikingly diagnostic; and so also is the fact that the sound is heard alike during inspiration and expiration.

Then we have the 'gurgling sound'—an exaggerated form of the 'mucous rale.' This sound resembles that of water when boiling, and is heard in connection with 'cavernous respiration,' and also in connection with 'pectoriloquy,' indicating amongst other things, the existence of a cavity in the chest.

In addition to these sounds, we have what are called the 'dry,' 'sibilant,' and 'sonorous' 'rhonchi,' produced by partial obstruction of the tubes by patches of thickened membrane, by spasm, or by plugs of viscid mucus. The character of the sound will in these cases be modified by the degree of obstruction and the size of the tube. Thus in a small bronchus we will have the 'sibilant,' or hissing sound, generated. In other cases we will have a sound resembling the chirping of a bird; and sometimes the sound resembles the cooing of a pigeon; again, in other cases it may resemble the lower notes of a bass viol; and frequently accompanied by distinct vibrations perceptible on passing the hand over the region where the sounds are generated. Sometimes these rhonchi are so distinct as to be heard by any one who applies his ear to the chest of the patient. I recollect hearing an unprofessional person remark of a case of this kind—'Why! the man has got a band of music in his chest!'

Again, we have what is called the 'metallic tinkling,' and this is produced in large superficial cavities, where we have the 'amphoric respiration.' It is produced either by the falling down of drops of fluid from the top of the cavity, or else by the bursting of air-bubbles on the surface of the fluid contained in one of those cavities, which occasionally contain a considerable quantity of air besides liquid.

When speaking of the modifications of the resonance of the voice, I omitted to mention 'ægophony,' which is of no small importance in diagnosis. It occurs in cases where the pleura contains fluid. It is produced by the sound of the voice reaching the ear through a thin layer of fluid, and is usually most marked about the middle portion of the chest. It is a peculiar, sharp, silvery vibrating sound, resembling very closely the bleating of the goat—hence its designation. When once heard you cannot possibly mistake it. It is perfectly different from all the other sounds, and is diagnostic of pleurisy. I practised auscultation for four years before I recognized this sound, but when I did hear it, it was at once fixed in my recollection. And so it is with many sounds. The student of auscultation may be anxious and in doubt respecting the character of particular sounds, till all at once he is able to recognize them and never can forget them.

To-morrow, gentlemen, we will proceed to the subject of Bronchitis.

A COURSE OF LECTURES
ON THE
Principles and Operations of Orthopœdic Surgery.
BY
WILLIAM DETMOLD, M. D.

Delivered at the College of Physicians and Surgeons, New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture III.

GENTLEMEN:—In my former lectures I endeavored to illustrate the manner in which the deformities which it is the province of orthopœdic surgery to remove, originate. I have attempted to show that these deformities resulted from irregular muscular action, and that to remedy them we must re-establish the equilibrium of the muscles. I have stated to you that in recent cases this may be done by mere mechanical means—that the employment of the appropriate degree of extension will, under such circumstances, be sufficient to overcome the contraction of the muscles, and allow those which are relaxed an opportunity to resume their action. In cases of long standing, however, I remarked, the contraction is so powerful that the application of the extending power would act as a stimulus, produce spasmodic action, and of course be unavailing for the removal of the deformity. In such cases, I reminded you, that division of the contracted muscles or tendons was necessary before the employment of extension. There is, besides the aid thus rendered to mechanical extension, another advantage gained by this operation, to which I have not yet alluded, and that is the attainment of what I would call the dynamic, in contradistinction to the mechanical virtues of tenotomy. In other words, the division of the tendon or muscle cures the spasm. It seems that if we divide a muscle or tendon between its point of origin and insertion, the innervation of the muscle or tendon is changed, and the spasm ceases. A beautiful illustration of this principle, and the best one to which I can possibly direct your attention, is found in a singular species of clubfoot which is occasionally met with. If you examine the subject of it while he is seated or in a recumbent position, you couldn't for the life of you ascertain that any thing is the matter. Examine it as minutely as you please, the afflicted foot looks perfectly natural. It is quite pliable, in fact there does not seem to be any thing whatever the matter with it. The moment, however, the patient walks, the heel is drawn up, and cannot be brought down;—in this case there is no contraction of the muscle or tendon, but as soon as the muscle is called into action, it is affected by spasm. The operation cures such a case almost instantly, and does so not by elongating the tendon, but by removing the tendency to spasmodic action. In the course of these lectures, you will find that I will recur to this point, and you will then perceive still more clearly the practical importance of discovering and understanding the philosophy of the operation, and the mode in which it confers benefit on those subjected to it.

We now come to consider the various deformities, and as I stated at the conclusion of my last lecture, we will begin at the feet, and describe that deformity denominated in common language 'clubfoot'—in Latin 'Talipes'—and by the French termed *pied-bot*. The general remarks which I have already made with respect to the *causes* of the various deformities, render any reference to the causes of clubfoot unnecessary. Clubfoot may be conjenital or acquired after birth, and one or both feet may be affected. According as one or the other set of muscles is contracted, the foot may be drawn in different directions, and that establishes the different species of clubfoot, of which we have four distinct varieties. The *first* is that in which the muscles of the calf, together with the adductor muscles of the foot are contracted. The heel is drawn up—the foot is turned inward, and makes a rotatory motion analagous to pronation of the hand—the toes are turned inward—the inner margin of the foot is elevated from the ground—the patient steps on the outer margin, and walks more or less on the outer ancle. This is the *talipes varus*. (Dr. Detmold here exhibited a number of casts illustrative of this variety.)

The *second* species is that in which the muscles of the calf are contracted with the abductors of the foot. The foot is turned in the contrary direction to that which it assumes in the first species, and the patient walks more or less on the inner ankle. I regret that I have not at hand to-day any casts illustrative of this species, but in my next lecture I will show you some. This is the *talipes valgus*.

In the *third* species the muscles of the calf are alone contracted, and the heel is drawn up. Neither adductors nor abductors participate in this deformity. The patient walks on the toes. That is the *talipes equinus*. (Dr. D. here exhibited some specimens.)

In the *fourth* variety the muscles on the *front* of the leg are contracted. This is a very rare species. I have seen but two instances, and very few of the writers on this subject have met with many examples of it. In such cases the heel is drawn down and the toes point upward. This is the *talipes calcaneus*. (Dr. D. exhibited a drawing of a case of this deformity.)

We shall now consider the several species of clubfoot separately. The first—the *talipes varus*—is by far the most common. Of every ten deformed feet, there will be at least nine cases of this variety. It is generally congenital. It may affect one or both feet. In *talipes varus* all the muscles of the limb which belong to the class I have denominated the 'concentric muscles,' are contracted, and the very frequent occurrence of this species of the deformity furnishes, in my opinion, very positive proof of the truth of the doctrine I have laid down. Allow me here to make a short digression on that point. I have stated that the adductors and flexors form the class of muscles which I have denominated the 'concentric.' The gastrocnemii are called in common parlance the extensors of the foot, and they are contracted in the great majority of these cases. Now this seems in direct opposition to my theory, but if you consider the analogy which subsists between the superior and inferior extremities, you will find that, properly speaking, the muscles which are commonly called the extensors of the feet are in fact the flexors. Commence tracing the analogy from the hip—you have the ossa innominata corresponding to the scapula; and again, the humerus and femur have a similar articulation; the forearm and leg have each two bones which correspond in the mode of their articulation, which is in the leg protected against too powerful extension by the patellæ, a similar provision being made at the elbow joint by the olecranon of the ulna. We then come to the carpus and metacarpus, and find that they are exactly analogous to the the tarsus and metatarsus. You have the palm of the hand corresponding with the sole of the foot. If you move it to the palmar surface of the arm, you call it flexion—if you move the foot in the same direction, you ought to call it also flexion, but we style it extension. So that, properly speaking, the gastrocnemii are flexors. In *varus* we have all the strongest muscles contracted, and we can thus account for the great frequency of this occurrence. The muscles of the calf are contracted, consequently the heel is drawn up. The muscles of the inner side of the leg are contracted, and thus the foot is drawn up on the inner margin. The muscles in the sole of the foot are contracted, and so we find the sole bent and the great toe approaching the heel. The result of all this is, that the patient walks on the upper and outer part of the foot. And a large callus is formed by nature to protect the skin of that part of the foot on which the patient walks, whereas the epidermis of the heel remains very delicate, as much so as the skin of a child. The skin of a clubfoot always feels cold and clammy. It is also of a bluish color. There is something in it disagreeable even to the touch, conveying the same feeling as dead skin. In consequence of the contraction, nutrition suffers, and the muscles of the leg disappear. You observe that in these specimens the muscles of the leg have altogether dwindled away. The ligaments which connect the bones of the foot, adapt themselves to the position of these bones, and contract on the inner side of the foot, whilst on the opposite side they are relaxed and stretched. The bones are all more or less in a state of sub-luxation—that is, their relations to each other are changed. The inner malleolus is generally thinner, and very frequently we find that the tuberositas calcaris is somewhat smaller and one-sided. A number of physiologists have ascribed to these morbid conditions the origin of the deformity. They have thought when they found the process turned inward and the tendo

Achillis inserted there, that they had discovered the cause of clubfoot. But at the first glance this theory is seen to be erroneous, because no process is 'ready made,' and no muscle comes and inserts itself wrong. The insertion of the muscle forms the process, and the wrong insertion of the tendo Achillis is the result and not the cause of clubfoot. In clubfoot of long standing, you find the process a little changed, and the inner malleolus somewhat smaller than natural. Otherwise the separate bones preserve wonderfully their shape. It is remarkable that a child may be born with clubfoot, formed perhaps even at an early period of fœtal existence. The patient walks with it perhaps for fifty years, and yet the bones do not suffer material change; on the contrary, if you dissect the foot you will scarcely discover any alteration in the structure and appearance of its bones. The articulating surfaces are not, it may be, quite so distinct as in the bones of well-formed feet. Why the bones in this state are so little subject to absorption I do not know. I suppose the reason is this—the bones have so many articulating surfaces covered with cartilage which resists longer than bone the power of absorption. This is, however, of course mere supposition, and is of no great practical consequence. In other bones we find absorption takes place very rapidly. In a leg where the knee, for instance, is contracted, the shape of the patella will be changed in a very short time. I say, therefore, there is very little alteration in the shape of the several bones of the foot. The tibia and fibula are much smaller, thinner, and shorter than natural. It is indeed said that the calibre of the arteries is smaller than in the sound limb. The knee is somewhat involved in the deformity—the joint becomes loosened, and acquires greater mobility. The knees turn inward, and the patient is what is called in common language, 'knock kneed;' this arises from the necessity of keeping the legs far apart in walking, in order to allow sufficient room for the feet. It is surprising how well patients with clubfeet are able to get along, although I need not tell you that they do not walk with much grace. I have seen some persons thus deformed run about as if nothing were the matter with them. They walk much better if the deformity is fully developed, than if it be partial. But however well they may be able to walk, they are not able to stand still for a moment. They have a round surface to rest upon, and cannot keep steady, but are constantly endeavoring to preserve their balance when in the erect position. In a great majority of cases the toes are more or less involved—the extensors being in some cases and the flexors in others, contracted. Sometimes the toes overlap each other in a fantastical manner, as you observe in this specimen (pointing to one of the casts.) Again, in some cases, the toes are found to be grown together, and occasionally a toe is wanting. I have met with a case in which the toes were all in one mass, and where I was obliged to dissect them out.

In the second species of clubfoot, the muscles of the calf are contracted, together with the abductors, as I have already remarked. The outer margin of the foot is turned upward, and the patient walks on the inner ancle. This is when compared with *varus*, a rare deformity, and so you would, *a priori* expect, because it is a deformity in which the eccentric or weaker muscles are contracted. I have never seen a well-developed congenital case of *talipes valgus*. Besides the contraction of the muscles, you always find a relaxation of the ligaments of the foot. And this accounts for the peculiar shape which this deformity assumes. The knee-joint is also loosened and the patient has great difficulty in walking.

The *talipes equinus* is, as I said, produced by a contraction of the muscles of the calf alone. In the slighter degrees of this deformity, the shape of the foot is very little altered. The foot presents its natural form, only the patient walks on the toes. Then the flexors and extensors become affected, and the toes are either bent upward or inward. If the plantaris contracts the arch of the foot, the *dorsum pedis* becomes much more curved; the knee becomes bent, and the flexors of the leg become contracted. I have never seen a congenital case of this deformity. The same causes which would, *in utero*, or in the infant, produce *talipes varus* may produce *talipes equinus*, and in all the cases of the latter deformity with which I have met, I have noticed more or less tendency to *varus*. (Dr. D. exhibited a number of specimens illustrative of the resemblance of the two species of deformity.)

The last species—the *talipes calcaneus*—is very rare, and should be so because its occurrence is contrary to my theory—the weaker muscles being those affected. I have met with this species in only two instances, and in both the deformity was congenital, and all the muscles so imperfectly developed that in fact it could not be determined which set were the strongest—which the weakest.

In my next lecture, gentlemen, I will proceed to the treatment of the several varieties of clubfoot, the principles of which are pretty much alike in all cases. I will, therefore, dwell chiefly on the treatment of varus, and afterwards merely point out in what particulars that of the other species may differ.

A COURSE OF LECTURES
ON SURGERY,

With Surgical and Pathological Anatomy.

BY

VALENTINE MOTT, M. D., PROFESSOR OF SURGERY, ETC.

DELIVERED AT THE

STUYVESANT INSTITUTE, NEW YORK, SESSION 1841-2.

Lecture XXXI.

The learned Professor occupied some minutes at the commencement of this lecture in describing the saws and other instruments by the help of which he had performed his 'original operations' on the jaw-bones; but as nothing of novelty was offered, we omit his remarks. He observed that in operating in this situation, if the 'palatal arteries' were cut they would bleed very freely, but if divided by the saw the hæmorrhage would be comparatively trifling. He described the manner in which sarcoma frequently extended into the orbit, but if simple osteo-sarcoma, after the portion of the jaw from which it originated had been removed, the diseased mass could be pulled out as readily as the laminæ of an onion. Some practical directions respecting the manner in which the wound should be closed were then given. The trifling deformity that followed such operations, if properly performed, was adverted to. The learned Professor then expressed his great anxiety to do justice to all other surgeons, and said that if in any instance he failed to render it, it was his misfortune and not his fault—the omission proceeding not from want of a disposition to give credit in every case where it was due, but from a want of information, and he confessed that in several particulars he was not quite 'posted up.' The Professor described the manner in which he had been followed in the operations on the lower jaw, by the surgeons of France and Great Britain. Dr. Cusack, of Dublin, it was remarked, had done more in this particular field than all the surgeons in Great Britain. The lecturer next proceeded to speak of what he termed 'the diseases of a malignant sort,' affecting the antrum, nose, and superior maxillary bone. These were carcinomatous affections and aneurism from anastamosis. The latter was not originally malignant, but would degenerate into a 'fungoid affair,' if not cured in its early stage. The disastrous effects resulting from the pressure of these diseased masses on the adjacent parts were described. In aneurism from anastamosis, when it was impossible to exsect the diseased mass, the only resort was to tie the great vessels which supplied the tumor with blood. Among other cases referred to by the Professor, in which this had been done with success, he described a case operated on by Dr. Pattison, the Professor of Anatomy, in which the disease had been mistaken for polypus by the late Dr. Physic. The Professor also alluded to a similar case in his own practice. But when the disease was of the purely malignant sort, such as carcinoma, complete exsection was the only chance of effecting a cure.

The next subject adverted to was what the Professor termed 'THE DISEASE OF THE ANTRUM,' properly so speaking. This was, he said, an acute disease of the Schneiderian membrane lining the antrum, and in consequence of which the aperture leading from it into the nares was obstructed, so that it terminates in the suppurative process in the membrane and a deposit of matter, producing a tumor, which bulges out externally and is perceptible in the cheek. The extraction of the first or second molar tooth from the bicuspidati, and the passage of a probe into the antrum, was the treatment to be adopted. The aperture thus made was to be kept open and free exit allowed the matter. Iodine was to be exhibited after the operation in strumous habits. In other cases, the infusion of sarsaparilla with corrosive sublimate was to be ordered. An injection of honey and barley-water was recommended, and after its use for some time, the following lotion:—

℞ Sul: zinci, gr. ii.; Aq: rosarum, ʒi. M.

Diluted kreosote was also recommended. If the patient were unwilling to permit the extraction of a tooth, the entrance into the antrum could be easily effected by the passage of a silver probe or a stilette through the maxilla.

Errata in Dr. Kissam's article.—In first section, last line, for *any* read issue. In last section, line 32, for *outward* read untoward. Line 10, for *found* read formed.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, June 11, 1842.

Medical Education.

In our last we briefly adverted to the inefficiency of the course of collegiate instruction which our students of medicine undergo, and we have the satisfaction of knowing that our remarks have been well received by many of our brethren whose opinion we esteem, and whose co-operation in the work of reform we earnestly desire. But we really cannot conceive how any man who feels an interest in the advancement of science and his profession, can regard with indifference the subject to which we have invited the most careful attention of our readers.

Many obstacles, it is to be regretted, interpose themselves in the way of any salutary reform of our systems of education. We cannot, at least in present circumstances, look for the aid of legislative enactments. If we are to have a change, the necessary measures must originate in the profession itself. And surely we need not fear that we will be driven to the deplorable conclusion that the profession in this country lacks the ability and the will to elevate the standard of medical education, and purify its own character. In the fatherland,—to which, disguise it as we may, we ever look with filial respect and esteem,—the great work of professional reform is moving onward with prosperity and triumph. Old monopolies, which had impeded the progress of science and interfered with every principle of equity, are yielding before the omnipotence of just opinion; and institutions which by lagging behind in the march of improvement had lost caste, have been aroused to the full consciousness of the error and impolicy of their conduct, and are making laudable endeavors to keep pace with advancing educational reform. Let us awake and do likewise.

And is there not a noble path opened up for the honorable ambition of that American medical college which shall emulate the time-honored institutions of Europe by extending the period of its curriculum, and offering to students a full, adequate, and efficient course of education? Never—with all possible emphasis do we make the assertion—never can the graduates of our colleges properly maintain the dignity of their profession, until our systems of education are made fully equal to those adopted in Europe. We wish, with more earnestness than we can well express, to put an end to all that self-laudation with which we are so frequently annoyed by some of our brethren, who so often render the important information that they 'have *completed* their studies in Europe!' *Can* we not educate our students? Yes. In all departments of medical science we can point to teachers who have earned unfading reputation. We possess ample facilities for clinical instruction. In every particular we can compete with the most favored institutions of the Old World, as to the matériel requisite for furnishing a thorough course of medical education. Why then, in the name of science and humanity and the honor of our country—why will we continue our present inefficient, beggarly systems?

And to what quarter will we look for the first movement in the work of reform? Certainly not to that building in our goodly Gotham, in which we find pleasantly located, a 'ladies shoe store,' a grog-shop, and 'the great metropolitan medical college,' whose only claim to public favor is vested in its right, title, and interest in one of the best operative surgeons that ever handled a catlin, and, assuredly, the worst teacher that ever opened his jaws in a lecture-room. No—the 'Stuyvesant Institute School of Medicine' is, we are convinced, properly appreciated by our professional brethren, throughout the length and breadth of the land, so that no exposé of the impudence of its pretension, and the utter hopelessness of any generous effort on the part of its Faculty, is needed at our hands. Will the 'College of Physicians and Surgeons,' then, muster courage sufficient to embark in the honorable career to which they are now invited? We trow not. Will the venerable University of Pensylvania come forth and efface the stigma which our miserable systems of education have cast on the character of the profession? Where is the medical institution at present existing in our land, which will *dare* to act a noble and disinterested part, in placing its course of instruction on a perfect level with that afforded in the colleges of Europe?

Alas! it is to be feared that there is but little ground for hope that any one of our existing institutions will venture on such a change as that now so imperatively demanded. The conduct of public bodies, like that of the great majority of individuals, is by far too much influenced by narrow views of immediate self-interest. It is difficult to persuade our poor, degraded nature to labor purely from a love of the just and the true, leaving the harvest to be reaped, mayhap, by other hands, in the distant future. Therefore, thus will our 'Faculties' reason—'if we extend our curriculum, and render the road to professional distinction more tedious and arduous, our halls will be deserted, we will lose our students and our fees—ergo, we will seek no such change as that which can only bring us empty pockets!' Are we then to despair of effecting this reform? Surely not. We have, we would fain believe, in the ranks of the profession in this country, zeal, and talent, and energy, and disinterested love of science, sufficient to originate a new and mighty movement in the great cause of professional education. Is there not at this very moment a concurrence of circumstances, which solicit the immediate adoption of measures for the organization and establishment in this city,—the metropolis of our young and giant-limbed republic,—of a medical college which shall give its alumni a thorough course of education, and put to silence the voice of that deserved reproach which now rings continually in our ears? The 'Stuyvesant Institute School' came before the profession, heralded by the most pompous announcements and the most flattering promises of the introduction of a new era, in the history of medical education. A few months afforded satisfactory exposition of the deception to which we, in common with many others, were subjected. But the spirit in which the well-varnished statements and faithless promises of these gentry were received, has convinced us that the great mass of the profession are prepared to sustain any well-directed, faithful effort in the way of effecting a wholesome reform of our systems of medical education. Other favorable indications of a similar character are apparent. Well, then, this is the time to enter on the work—where are the men to effect it?

In our next, we will present the details of our plan of educational reform.

THE MEDICO-CHIRURGICAL REPORTER.

Case of Congenital Tumor.

TO THE EDITOR OF THE LANCET.

DEAR SIR:—

The similarity of Dr. Hosack's case of Congenital Tumor, reported in the Lancet of May 21, to one which recently occurred in the practice of my partner, Dr. Huntington, induces me to send you some account of it, supposing, from its rarity, it may be of some interest to your readers.

The child, a female, was about nine months old when we first saw it, in robust health and well developed in every part. Over the sacrum, in almost the precise location of Dr. Hosack's child, was a large, semi-globular, regular tumor, of about the size and appearance of the breast of a nursing woman. It was slightly moveable, evidently not attached to the bone, had a firm and quite regular feel, and was entirely free from pain. At the apex of the tumor was an irregular depression about an inch in diameter and one fourth of an inch in depth, covered by loose skin of a much darker color than that adjoining. On one side nearer the hip, was another slight depression of about the size of a pea, but somewhat twisted upon itself. With these exceptions, the skin was perfectly natural, there was no tenderness or pressure, and the little patient rolled and tumbled about upon it with perfect indifference.

The following is the mother's account. The tumor, when the child was born, was nearly as large as at present, and was supposed by her physician to be 'spina bifida.' He told her the child would probably live but a few months, and that it would never have much use of its lower limbs. But contrary to expectation, it grew and waxed strong in all respects, like other children, and the tumor was of no inconvenience except from its size. She puzzled herself for a long while to account for her child having such a deformity, but without satisfaction, till she recollected having witnessed some months before its birth, a negro fight, in which one of the combatants was severely beat; and whose face looked, she says, precisely like the swelling, excepting the color. Then the cause was as clear as daylight, and no reasoning would convince her that she could be mistaken. She pointed out the eye, and a small wound upon the face. These were the depressions mentioned above, and she confidently asked us if we didn't see the resemblance, but I could not detect the slightest.

The child was soon after attacked with pneumonia, of which it died. Much to our disappointment, an examination was not allowed. The drawing accompanying Dr Hosack's case would answer perfectly for the one I have described, only the tumor was a little higher upon the sacrum, and somewhat broader at the base.

I am, Sir, yours, &c.,

JOHN BUTTERFIELD, M. D.

Lowell, Mass., June 1, 1842.

Sub-Conjunctival Operation for Strabismus.

TO THE EDITOR OF THE LANCET.

SIR:—

Notwithstanding the success which has attended the sub-conjunctival operation of Guerin, and the undoubted advantages which it possesses over the ordinary method of operating for strabismus, it does not seem to be generally adopted. Having recently operated, with the assistance of Mr. Van Ingen, upon a young lady affected with strabismus convergens of both eyes, and upon a man 37 years of age, according to the modification of Guerin's plan, as proposed by Dr. Dix, of Boston, I can confidently assert that it may be performed with the same facility to the surgeon, and with as little danger to the eye as the ordinary operation. In both the above mentioned cases the strabismus was completely removed, and in eight days after the operation, nothing could be perceived to mark the place where the muscle had been divided. I conceive this to be one of the greatest advantages which it possesses over the common mode, for it is a well known fact that in the majority of those cases in which the conjunctiva has with the muscle been divided, fungus growths are apt to spring up, and an ill-looking cicatrix to remain. These are entirely obviated by the sub-conjunctival operation, which may easily be performed in the following manner. First, make an incision at the upper edge of the muscle, through the conjunctiva and cellular substance down to the sclerotic coat. This need not be more than a line or a line and a half in length, and should be made at the distance of about half an inch from the cornea. Then pass a blunt hook between the conjunctiva and the muscle, after having separated them from their connection with each other, withdraw the hook and again pass it through the same opening between the muscle and the sclerotica, bringing it so as to point at the lower edge of the muscle. Then making, with a pair of narrow sharp-pointed scissors, an incision of the same length with the upper, upon the point of the hook, and with the latter gently raising the muscle, one blade of the scissors is passed above, the other below the muscle, when its division is easily effected, and may be known by the appearance of the hook immediately beneath the conjunctiva.

I am yours, &c.

GEO. C. BLACKMAN, M. D.

New York, June 2, 1842.

Epidemic Erysipelatous Fever described as occurring at Middlebury in the winters of 1825-6 and 1841-2.

COMMUNICATED BY J. A. ALLEN, M. D.

No. IV.

DIAPHORETICS.—Before commencing the sudorific process, if the patient have a cauma or a local congestion, that must be removed; otherwise, the danger will unavoidably be augmented by the very means which would have accomplished its removal. The human machine, like every kind of mechanical machinery, if no obstacle thwart any of its regular operations, will not tolerate any augmentation of power, without the risk of a break or lesion of some or many of its parts. The prudent and discreet mill-wright, in lieu of letting the water in full torrent on his wheel, when a log may have prevented its revolutions, would first remove the obstacle, lest he might spoil his machinery. The judicious medical man cannot be less cautious of the danger to which he may subject the human machine, than the miller is of his mill.

Having arrived at the instant of the attack, during the cold stage of the disease, and having ascertained that no internal organ is in a state of capillary congestion, I have usually attempted to promote a steady and uniform diaphoresis. The effect of this process tends directly to equalize and diffuse the action of the sanguiferous and capillary systems which not only at this period of the disease, but during its whole duration, are objects never to be neglected. To accomplish this intention, the patient has been enveloped in bed and surrounded, to some extent, with substances made agreeably warm. To co-operate with these means, warm sudorific beverages have been, in frequent doses, administered. For this purpose, several of the aromatic plants have been used, as the salvia officinalis. This has answered a double purpose, being a salutary gargle and a pleasant diaphoretic draught. When the principal intention has been to promote an agreeable diaphoresis, some of the verticilate plants, as hedeoma pulegioides, nepeta cataria, &c., have been selected on account of their being more sudorific and less stimulating. In connection with these milder, but equally important measures, some diaphoretic medicine has been exhibited. Antimonials have usually been preferred; with these, occasionally, has been combined Dover's powder—but more frequently the pulvis sanguinaria canadensis composita, which has been prepared by substituting the pulv. sang. canad. for the ipecacuanha.

Of the class of diaphoretics, when the principal intention has been to promote a sudorific effect, and by this means to allay abnormal vascular action, no article in my hands has proved equally efficient with the pulvis antimonialis. This medicine, to be productive of its most beneficial influence, must be administered in as large doses as the stomach will bear, without producing much nausea, and repeated as often as every two hours, for the purpose of keeping a constant and uniform action. During the sweating process, alternations of temperature, long intervals between or irregularity as to the time of administering the medinines, serve to defeat the intention, by producing irregular actions in the system. The preceding process I have generally continued from twelve to twenty-four hours; and, occasionally, when the complaint has been yielding and not entirely removed, it has been continued forty-eight hours, when the patient has left his bed, and recovered, without the use of any other medicine except a mild laxative.

Experience has convinced me, contrary to the general opinion entertained, that the antimonial powder is a better agent to promote diaphoresis and less apt to promote emesis, than any combination of the potassio tartrate of antimony. As the antimonial power, either from occasional various inherent principles of its composition, or from idiosyncrasy, is not uniform in its effects, it is well gradually to increase the quantity of the dose, till nausea or even vomiting shall be produced, when the medicine will prove most effectual, if continued at the point short of nausea. It is to be regretted that this valuable pharmaceutical agent should have been expunged from the American pharmacopœia by the United States Medical Convention.

ALTERATIVES.—Many of my medical friends have been in the habit of commencing the curative process, in the present disease, by the use of an alterative emetico-cathartic. This plan has much in its favor, and has often been attended with success. Its tendency is to equalize and diffuse the action, to interrupt the forming disease, and to promote a salutary perspiration. To this scheme, if the complaint be not arrested, has succeeded the ordinary use of alterative medicine in febrile affections in combination with antimonial, or pulvis ipecacuanha compositas, &c. This plan I neither commend nor condemn. I must admit that my early anticipations of the influence of mercurial medicines in arresting the ordinary course of febrile action have not been realized. The opinion advanced by Mr. Thomas Clark, in his observations on fevers and the diseases of the West and East Indies, will, when carefully tested by experience, be found more correct. 'Nay, it has often appeared to me,' says he, 'that when it (calomel) has removed the disease in the first instance, it has laid the foundation for a relapse which has proved fatal. The excessive debility occasioned by a violent mercurial course readily accounts to me for such consequences.'

My experience has rarely confirmed the opinion, which has pretty extensively prevailed, that mercurial ptyalism will interrupt a regular fever whether entonic or atonic. I prefer the views entertained by Mr. Annesley in his medical sketches of diseases in the East Indies. 'Those,' says he, 'who prescribe five grains of calomel every three or four hours, with a view of inducing the constitutional effects of mercury, *produce much greater irritation of the alimentary canal*, are longer in obtaining their object, and exhibit much more calomel for the removal of the disease, than those who give twenty grains only at bed time, with a purgative in the morning, and saline diaphoretic, through the day. This latter dose acts as a sedative to the irritable stomach, while smaller doses increase the irritability of this viscus when it is present, and often induce it where it was previously absent.'

In my practice, I have not used mercurial medicine in half a dozen instances since the prevalence of the epidemy. In no case, simply with a view to obtain its alterative influence. In each case it has been used after the violence of the pyrexiæ had in a measure been subdued by previous depletions; and it has been exhibited to allay morbid irritability of the first passages, or to remove congestion of some organ. When used, calomel has been selected, and always given in full doses, and usually in combination with the sulphate of morphine. I have abundant reason to be satisfied with the success with which this course has been attended.

Accidental Rupture of the Uterus and Escape of a Fœtus into the Abdomen.

BY HENRY K. RANDELL, ESQ., M. R. C. S.

Mrs. ———, of this village (Acle), ætatis 35, of pale aspect, but plump appearance, sent for me in the evening of the 3d of April, 1841, in consequence of her having been attacked during the day with pain in the lower and forepart of the abdomen, recurring at intervals of about a quarter of an hour. She stated that she believed herself to be about five months advanced in pregnancy, and had felt the motions of the fœtus about three weeks previously. She had passed water repeatedly since the commencement of pain, but there had been no escape of any other fluid from the vagina. The pulse was 92; tongue a little white, and she was thirsty. The bowels had not been relieved for three days, and she was naturally very costive. Whilst sitting by her bed-side she experienced a recurrence of pain; and placing my hand upon the abdomen, I felt immediately a decided uterine contraction.

There was a good deal of tenderness generally about the whole abdominal surface, which she said she had felt for some time. I remarked to her also the extreme enlargement of it for a person no further advanced in pregnancy than she had stated herself to be; and in reply she observed, that she was not exactly certain, for she had been taken very unwell about six weeks previously, and had been once slightly so since that period, and that ever since she had felt altogether very strangely at times. She was certain, however, she had not felt the child until within the last three weeks, and then but very faintly. Considering it probable that premature labor was about to commence, I merely ordered her to keep quiet in bed, and to take an ounce of castor oil immediately; and if it did not relieve the bowels by the morning, to repeat the dose, and likewise to foment the abdomen by warm moist flannels, and to acquaint me in the event of a recurrence of pain.

[The patient continued after this in a variable state of health. On the 10th she was suddenly seized with hæmorrhage from the uterus, accompanied with occasional small grinding pains, which eventually ceased. The case is then continued as follows :—]

She continued in this way, without any material alteration in the feelings, until the 20th, with the exception of all loss of feeling respecting the fœtus, since the last attack of hæmorrhage, and that the abdomen appeared to be more relaxed and flabby. The fœtus, too, which, if possible, was to be more distinctly felt than ever, she remarked, appeared to settle or gravitate to the most depending part, according to whichever side she rested upon; although its principal situation was still on the right side of the umbilicus, and a little above it. On the morning of this day, (20th) however, she had been attacked with small grinding pains, and had passed a few coagula, mixed with what appeared to be portions of deciduous membrane. I therefore made an examination per vaginam, and for the first time felt the os tincæ relaxed and dilated to the extent of a crown-piece, and its mouth occupied by a coagulum. On removing this, and introducing the index within its cavity, I felt, although scarcely within touch, something like the head of a fœtus. I therefore directed her to keep very quiet, to take only broth and gruel alternately, in order to support her strength, and to acquaint me as soon as the pains began to increase. I heard no more of her till six in the evening, when, on my returning from visiting my other patients, I found they had twice sent for me.

On examination at this time I found the os uteri two-thirds dilated, the fœtal head presenting, and just dipping below the superior margin of the pelvis, and that there had been a constant draining of arterial colored blood during the day. The pulse however was good, she had taken a good deal of nourishment, and had not once complained of feeling faint. As the pains appeared tolerably efficient, I suffered her to go on without rendering her any more than the ordinary assistance; but after waiting three-quarters of an hour, finding the head made no progress, and that the pains also began to flag, I gently introduced the vectis, and speedily extracted the fœtus, which appeared to have attained the age of seven months. But little contraction of the uterus followed, although I gave her (as is my usual custom) thirty-five drops of laudanum, and half an ounce of brandy, in a wine glassful of cold or tepid water, and made use of pressure and friction with my hand on the abdomen for twenty minutes or longer. On doing so, however, I still felt the fœtus in the abdomen as plainly as ever, only that it now appeared to have sunk a little lower down; and thinking it just possible that the parietes of the uterus might be so extraordinarily thin in this case, as to deceive me as to its being extra-uterine (although I believe I could still plainly distinguish the uterus by itself in the hypogastric region, only more contracted than before,) I determined, as there were no urgent symptoms, to wait a little previous to my attempting to extract the placenta, as is usual with me at the expiration of this portion of time from delivery. No flooding or any other untoward symptom succeeding, I waited for an hour and three-quarters, when, for the first time since the birth of the fœtus, she suffered a slight pain; this was soon followed by others, and by gentle flooding. I immediately introduced my fingers as high as I could reach, and felt nothing but the placenta. I then gently introduced the left hand into the uterus, and still no fœtus was to be felt.

Having satisfied myself, therefore, that the other child was not in the cavity of the uterus, I proceeded at once to extract the placenta, which I found partially adherent to the fundus uteri; and on separating it carefully with my nails throughout its whole extent, I found a portion of it elongated, and stretched toward the upper and back part of the left side of the uterus. On tracing this elongated portion very carefully, I found that it perforated the uterus at this part, by means of what appeared to my touch a somewhat narrow irregularly oval sort of opening, the edges of which felt contracted and tense, and which was barely sufficient to admit the index more than half-way, and beyond which I could feel nothing but what I imagined to be the softened placenta. I therefore detached this elongated portion of placenta, which readily gave way on slight stretching, and removed the whole. The contraction of the uterus followed the immediate withdrawal of the hand, and consequently there was no further hæmorrhage.

I immediately placed my hand upon the naked abdomen, and could now distinctly feel the empty and contracted uterus; the fœtus before mentioned in nearly the same situation; and above the situation of the iliac fossa in the left side, another substance, which gave the idea, from its irregularity, &c., of another fœtus; but this, of course, was doubtful, as I could not clearly define it. The case, however, was now perfectly clear to my own mind, viz. that she had sustained, by some means or other, a rupture of the uterus, and that the fœtus or fœtuses had escaped from the uterus into the abdominal cavity, whilst one, and most likely that which happened to be most inferiorly situated, had remained. Or it might be that the retained one had pursued its proper course, whilst the other or others had escaped from the fallopian tube at the first into the abdomen, if at least such a case be possible. Upon inquiry, however, subsequently, I learnt that about six weeks prior to this period, she was one day in the act of pumping from a pump, the handle of which was suspended higher than usual, and that consequently she had been obliged to use considerable exertion in order to raise the water; and, whilst doing so, she experienced a very strange sensation in her abdomen, accompanied with fainting, which obliged her instantly to come in and lie down on her bed. Very soon after she was taken unwell, with a good deal of pain and soreness, and that these symptoms continued with very little variation for nearly a week, and obliged her, from the excessive feeling of weakness they induced, to keep her bed nearly all that time. After keeping perfectly still, however, for the period I have mentioned, and taking a little castor oil occasionally, she began to mend, although she had not felt so strong ever since as she had done before, and found herself incapable of the least exertion. Such was the account she gave me.

Having gently supported the abdomen with a broad bandage, I directed her to be placed in bed, and the most perfect quietude enjoined. At the end of an hour I again visited her, and found her as comfortable as could be expected. No flooding had supervened, there had been but very slight pain, and she seemed disposed to be affected by the opiate. I therefore left her for the night, desiring I might immediately be sent for if any change arose in the symptoms.

21st.—I visited her at half-past six, and found she had slept only half an hour. She had felt but very little pain, but complained of very great exhaustion, and cold clammy perspirations. Pulse 132, and feeble; no hæmorrhage, however, but a very copious discharge of highly offensive watery fluid. There was but very little tenderness of the abdomen, and on examination, the uterus could be felt firmly contracted, just above the pubes, and the two other fœtuses as plainly as before. No urine had been passed.

I ordered her to take a fourth part of the following mixture every four hours:—

> Ammon. Subc. ʒij.
> Tinct. Cinch. Co., Tinct. Hyoscy. āā. ʒij.
> Mist. Camph. ℥vj. fit. mist.

At the end of a week from delivery I again carefully examined the abdomen externally, and now as plainly as ever felt the fœtus in the hypogastric region; the presence of a second fœtus was, however, no longer clearly to be detected. The lochial discharge, though irregular, still continued, but was less fœtid, and the general health was rapidly improving.

May 27th.—From the last date to the present period she has been progressively improving and gaining strength.

August 7th.—Up to the present period she has continued as well as might be expected. She still retains a more than usually blanched countenance, and is incapable of much exertion, although she walks out a short distance whenever the state of the weather and roads permit. The catamenia have returned, and are regular.—*London Medical Gadette.*

Cases of Extra-Uterine Conception.

1. *Case of Extra-Uterine Conception*, by Thomas Williamson, M. D., Edinburgh, one of the Physicians to the Leith Dispensary, &c. &c.

Extra-uterine conception in the human female is of so comparative rare occurrence, as to invest such cases with much interest in a physiological point of view; and more especially that there are sometimes comprehended in connection with these, doctrinal points, neither easy of satisfactory explanation, or altogether compatible with the acknowledged physiological views of ordinary uterine conception.

I regret that I cannot give a more full and detailed account of the following case of tubal conception, which recently came under my observation, seeing that during life, at least, no suspicion existed in my mind of the real nature of the case, which consequently prevented me from watching and observing, so narrowly as I could otherwise have wished, the daily history of my patient's symptoms during the few months which intervened between the period of my first visiting her and subsequent death.

The patient was a young woman, about 27 years of age, who had previously borne two healthy children at the full time, the latter of whom was born about two years previous to her last fatal impregnation. Up to within six months of her death she had enjoyed good health. About five months previous to the fatal termination of her conception, I saw her for the first time, and found her laboring under all the ordinary symptoms of an attack of ileus. She had been suddenly seized with acute abdominal pain, referable to the epigastric region, accompanied with stercoraceous vomiting; obstinate constipation of the bowels, and great prostration of strength. My friend, Dr. Combe, at this time saw the patient with me, and, under the use of enemata and other appropriate remedies, in the course of a few days she apparently recovered.

Subsequent to this, however, she experienced two or three other attacks of a similar character to the first, although much less severe in point of intensity. These occurred within three months of my first seeing the patient, and readily yielded to treatment.

For about the space of two months and a half, I heard no more of this case, till one day her father called on me, and stated that his daughter had died that morning in Edinburgh, after less than half an hour's illness, and requested me to examine the body, which I willingly agreed to do.

The most satisfactory account which I was enabled to obtain relative to her latter symptoms was from neighbors who had seen her shortly before death, and was to the effect that whilst in bed she had been suddenly seized with severe abdominal pains, and rapid sinking.

I ought also to mention, that the patient's mother met me one day shortly before her daughter's death, and in answer to inquiry after the patient's health, informed me that she was now quite well, and, judging by the last menstrual period, concluded herself seven months advanced in pregnancy; and, moreover, that she somehow or other attributed all the symptoms under which she labored, when first seen by Dr. Combe and myself, to conception having at that time taken place. This latter hint, coupled with the subsequent fatal symptoms, induced me to hazard to a friend the possibility of the case being one of extra uterine conception, which the result of the examination fully confirmed.

Dissection.—The external abdomen was much swollen, and slightly tympanitic. Upon cutting into and reflecting the abdominal parietes, a large solid coagulum of blood, about three and a half pounds in weight, was observed completely covering the viscera, insinuating itself between their convolutions, and extending about half way up the omentum majus. Upon removing the solid coagulum, a fœtus seemingly about the sixth month was brought into view along with three additional pounds of fluid blood, which latter were contained in the abdominal cavity. The back of the fœtus was towards the abdominal parietes of the mother; its legs were bent upon its trunk, and the arms crossed on the chest. The anterior fontanelle was in apposition with the symphysis of the pubis, and the buttocks in a direction a little to the right of the umbilicus of the mother. Upon tracing the cord downwards, I arrived at the placenta, which was found strongly adherent to the bottom of a membranous-looking bag, quite external to the uterus. A portion of the placenta had been separated, which might perhaps in part account for this very large hæmorrhage. This same sac or bag had contracted very powerful adhesion to a portion of the intestinum ileum. The vermiform appendix also of the cæcum had become adherent to the wall of the sac, and, by passing across a portion of the ileum in the form of a band or bridge, thus very satisfactorily accounted for the repeated attacks of ileus under which the patient during life labored. The sac in which the placenta was contained was fairly rent across. The uterus was perfectly entire, and extremely large from pure sympathy. Its length from the middle of its fundus to the edge of the anterior lip of its os, was four and a half inches; its breadth between the Fallopian tubes, was three and a half inches; its thickness, three quarters of an inch. When laid open, it presented to all appearances a decidual lining, and its os was filled with the usual gelatinous plug. The left Fallopian tube was pervious. The corresponding ovary when cut into exhibited no evidence of a corpus luteum. The right ovary could only be felt, being completely matted or imbedded in the external general mass of adhesion, but from the feel it evidently contained the corpus luteum. Upon passing a probe along the right Fallopian tube, from the uterus, it made its appearance through the placenta within the sac, evidently proving that this sac or bag, was neither more nor less than the right Fallopian tube, which had burst in a state of extreme distension.

Such is a brief history of the case, which, besides other interesting facts connected with it, appears to me to be very remarkable, from the lengthened period which the fœtus was permitted to remain within the Fallopian tube. It is also somewhat singular, that no trace of the ordinary membranous envelopes of the fœtus was found surrounding it, although at the same time, careful examination enabled us to detect their remains covering the fœtal surface of the placenta.

2. *Case of Extra-Uterine Conception*, by Thomas Boswall Watson, M. D.

Mrs. G., aged 27, was attacked, on the afternoon of 14th December, with vomiting and pain of the abdomen, particularly in the hypogastric region. The pulse small and weak; she felt very faint, but after some time rallied considerably under the administration of stimulants. She, however, became rapidly worse in the course of the evening, and died at 9 P. M.

Examination of the body thirty-six hours after death by Dr. Paterson, of Leith, and myself.

Abdomen contained between two and three pounds of fluid blood, and one and a half or two pounds of solid coagulum, on removing which the following facts were observed.

The uterine organs were observed to be somewhat larger than in the unimpregnated state; the uterus itself about double in point of size; the os uteri congested; the walls when cut into were thick; the cavity of the uterus was lined by a membrane of a vermilion color, and coated with a gelatiniform substance, as was also the cervix uteri.

The right ovary, when cut into, presented numerous large vesicles, and several small yellow points.

The left ovary was about double the size of the right, and presented a beautiful specimen of a recent corpus luteum, with broad yellow striated margin and central cavity, distinctly lined by a membrane; the substance of this ovary was much more vascular than that of the right.

The left Fallopian tube presented a dilated portion about two inches in length, and one inch in breadth, close to its uterine extremity, of a dark purple color, and presenting superiorly a ruptured portion, from which a small coagulum protruded.

The walls of the tumor were semitransparent at the posterior part, through which a small fœtus (about the size of a horse-bean) could be distinctly seen floating in the contained fluid.

Upon slitting open the tumor the membranes of the fœtus were brought into view, partially attached to the coagulum, which protruded from the ruptured orifice, and adherent by bands of chorion to the sac throughout.

The eyes of the fœtus were distinctly visible, appearing as minute points, the extremities just budding.

The Fallopian tube was impervious at its uterine extremity, but pervious till within about half an inch of the tumor at its ovarian extremity.—*Edin. Med. and Sur. Jour.*

THE COLLATERAL SCIENCES.

On Congenital Tumors of the Pelvis.

BY EDWARD STANLEY, F. R. S.,
Surgeon to St. Bartholomew's Hospital.

[Mr. Stanley observes that there are various forms of congenital tumor attached to the pelvis, the discrimination of which becomes of much importance with reference to the question of their removal by operation.

In 1836. Mr. Stanley was requested to see a child, four months old, born with a soft pendulous tumor, about the size of an orange, attached to the lower and back part of its body. In every other respect the child appeared to be perfectly formed and healthy. With the growth of the child, the tumor progressively increased, and in proportion to the rest of its body; it continued to thrive well to the age of two years, when it was attacked by measles, with other children of the family, producing much constitutional derangement, under which it gradually sunk. At the time of its death, the following were the dimensions and general characters of the tumor: its circumference measured fourteen inches and a half; a line extending from its base to the most prominent point of its centre measured four inches and a half. The base being very broad, covered the whole of one buttock, and extended across the sacrum to the opposite side of the pelvis. The skin covering the tumor was natural; some large and tortuous veins were seen ramifying in the subjacent cellular tissue. Upon some parts of the tumor there were shallow grooves, which were supposed by many who examined the case to correspond with depressions between folds of intestine within the tumor. The surface of the tumor was generally soft, but in some situations, portions of a firm substance, resembling isolated pieces of cartilage, were recognised in it, and it was remarked that these points of resistance were not always to be felt in the same situation. Pressure of the tumor did not cause a diminution of its size, so as to justify the belief that any portion of it receded into the body. A finger passed into the rectum discovered a portion of the tumor entending into the cavity of the pelvis by the side of the intestine. When the child cried loudly, the tumor became tense; this showed its communication with the interior of the body, and it was thought by some to indicate the probability of its communication with the spinal canal, in accordance with the views of Magendie, that there occurs a movement of the contents of the spinal canal in connexion with respiration, and dependent on distension of the vessels of the cord and its membranes.

Many surgeons had seen the case. Mr. Blizard alone thought the removal of the tumor practicable.

A cast of the tumor was first taken, and then its interior was examined. This was found to consist of an assemblage of different tissues. One portion of it was solid throughout, and closely resembling in its characters the ordinary fibrous tumor of the uterus. Another and larger portion consisted of two cysts, one enclosing the other; the sides of these cysts were membranous, and their texture dense and fibrous, each cyst containing a transparent yellow fluid. A narrow and solid portion of the tumor was found to extend through the inferior aperture of the pelvis upwards within its cavity, nearly to the top of the sacrum, chiefly occupying the right side of the pelvis, and in consequence compressing the bladder and rectum, not, however, apparently to the extent of materially interfering with their functions. There was no attachment of the tumor to the sacrum, otherwise than by loose cellular tissue. The sacral canal was completely closed, and accordingly had no communication with the tumor. The information derived from the examination of the extent and connection of the tumor appeared to confirm the opinion that its removal might have been safely undertaken in an early stage, when, from the smaller extent of the tumor, it might have been practicable to draw downwards the portion of it from within the pelvis, as it had no other connection with the surrounding organs than by loose cellular tissue.

Mr. Stanley introduces several cases for which we must refer to the Transactions themselves. His inferences from them are deserving of notice. He says that the cases on record admit of being arranged in four classes.]

‘First. The cases wherein the tumor is composed wholly of morbid structures, which, although formed during fœtal life, have no peculiar character, the solid tissues mostly resembling the ordinary fibrous tumors of the uterus, and the membranous cysts being analogous in their nature and contents to the corresponding anormal structures formed at other periods of life.

Secondly. The cases wherein the tumor is composed of morbid structures in conjunction with isolated portions of perfectly-formed animal organs, having no other relation to the living being with which they are connected, than as they are dependent upon it for the means of nutrition and growth. These cases must be considered to belong to the class of parasitic monsters, constituting intrafœtation, the inclusion of one fœtus within another, and, in accordance with the present theories on this subject, supposed to result from the cohesion or intus-susception of germs, when more than one ovulum is contained in the same vesicle, under which circumstances there will arise either the union of two perfect fœtuses, as in the instance of the Siamese twins, or the growth of one fœtus to its perfect form, with but the portion of another fœtus attached to it, as in the remarkable case recorded by Velpeau, where a tumor which was removed from the scrotum of an adult was found to consist of several bones, with other distinct parts of a fœtus.

Thirdly. The cases wherein the tumor, being of the nature of spina bifida, consists of a membranous cyst, communicating with the interior of the theca vertebralis.

Fourthly. The cases wherein the tumor is composed either wholly, or in part, of membranous cysts, communicating with the spinal canal, but exteriorly to the theca; thus in one of the cases related, a probe passed from the cyst, of which the tumor in part consisted, through one of the anterior sacral holes into the cellular tissue between the theca of the cord and the bony walls of the canal.

It will be observed, that in all cases noticed in this paper, the congenital tumor projected from the posterior and inferior part of the pelvis; its situation, consequently, was such as to allow of removal by operation but from the apprehension that there might be some deeper portion of it extending to the interior of the pelvis, and more especially from the apprehension that the tumor might be of the nature of spina bifida, and accordingly that its interior would be found to be continuous with the membranes of the spinal cord.

We learn from the foregoing histories that the general character of these congenital tumors, whatever may be their nature, is to increase progressively, and in proportion to the rest of the body; hence arises the important question of their removal: and it must be added, that this question will in general be extremely difficult of decision, for the reason that no outward mark or symptom can be referred to as distinguishing the tumor composed wholly of morbid products, and having no other connection with the body of the child than by cellular tissue, from the tumor which, by the continuity of its interior with the membranes of the spinal cord, is of the nature of spina bifida; yet the operation of removal, in one case accomplished with a fair prospect of success, would, in the other, be certainly fatal. And, accordingly, it has happened in one of these cases, that an operation commenced with the expectation of a successful result, has been stopped in its progress by the discovery of a pedicle extending from the tumor to the interior of the spinal canal. Mobility of the congenital tumor does but indicate the probability of its having no connexion with the vertebral canal, as the means of this connexion may be a narrow pedicle, permitting free movement of the tumor upon the walls of the pelvis. Also to the existence of a narrow pedicle and a small opening of communication with the vertebral canal, we may refer for explanation of the frequently observed fact of pressure of the tumor causing no portion of its contents to recede into the canal, and thus occasioning symptoms of compression of the spinal cord or brain. Any derangement of the nervous functions in the lower limbs would of course be evidence of the probability of the connection of the tumor with the spinal cord; but it must be recollected that the instances are not infrequent of spina bifida co-existing with a perfect integrity of function in the spinal cord and its nerves.

A circumstance of physiological interest will be noticed in two of the foregoing cases, namely, the existence of a fluid in the isolated portion of intestine within the parasitic monster, which in color and other obvious characters closely resembled meconium, although there existed no liver or other distinct hepatic apparatus which could have furnished the coloring matter of this fluid, and there was certainly no communication between this portion of intestine and the intestinal canal of the child to which the parasitic monster was attached. An analogous fact occurred to my observation, many years ago, in the examination of an acephalous lamb, in which, with perfectly-formed stomach, intestines, spleen and kidnies, the liver was wholly wanting, and yet within the intestines, especially, the large, there was found a considerable quantity of a dark yellow and thick fluid, not to be distinguished by its appearance from meconium. When diluted, the color of this fluid was exactly that of healthy bile, but it was not bitter to the taste, and in this respect it differed from the perfect meconium of the human fœtus, which imparts to the tip of the tongue the peculiar bitter flavor of bile.—*Med. Chir. Review.*

The Connection between Malaria and the Spontaneous Evolution of Sulphuretted Hydrogen from different localities.

[In one of our preceding numbers, we presented our readers with an analysis of the investigations of Professor Daniell in reference to this very interesting subject. We now offer in corroboration of this gentleman's views, the opinions of Dr. James B. Allan, in an able paper ‘On some of the predominant Diseases of the African Islands.’ Speaking of the Comoros he says:—]

Looking on its high and ragged peaks stretching from end to end, a medical visitor would be suspicious of its salubrity on approaching, and still more so on landing. Ravines, opening to the sea, cleave the whole country into hills and valleys. Some of the former are of surmountable ascent, others are a thousand and more feet in perpendicular height, having streams of water gushing over them. The valleys, composed of alluvial soil, are thickly wooded, while the hills, formed of a stiff clay, based on granite and greenstone, are covered with grass up to their necks and rocky summits, which are only discernible here and there over a dense forest. The change produced by such an elevated vegetation as this on the state of the surrounding atmosphere, would, on a comparison with different results in other islands over the globe, form a subject of no mean interest. Here, however, such an inquiry would be out of place; and noting only that the effects of this difference are, as already mentioned, rains during the whole year, causing in the heated valleys an endless growth and decay of vegetable matter, we shall pass on to Zanzibar. This island is apparently not a thousand feet high. Low and swampy along the coasts, encircled by extensive coral reefs, and many low flat jungly islets, it is also wooded throughout. Except in the neighborhood of the town, where there are some sand banks, no soil nor rocks were seen to interrupt the layer of rich black loam that spreads over the country, producing every tropical plant, particularly those of the palm tribe, in great abundance. Constantly subject, like most low lands bordering on the equator, to alternate rains and calms, it is, moreover, submerged by the tides in many places, although these in such low latitudes rise only six or eight feet. Thus differing from Johanna as much in formation, and nearly every external character, as in position, yet it is governed by similar physical changes, peculiarly adapted for the same rapid advancement of decomposition of vegetation, and so far developing the same exciting cause of disease in common with the next country to be considered—Madagascar.

[Here we have rapid and extraordinary decomposition of vegetable matter in proximity to the ocean,—'it is submerged by the tides in many places.' The wood in some of the bogs is so dense down to the brink of the ocean that landing is almost impossible—'the rankness of vegetation is almost incredible.']

No land could be better adapted for retaining moisture, or for the speedy growth and equally quick putrefaction of the herbage it bore; and accordingly in the months of December, January, and February, the general surface was a green putrid pulp. On going out before sunrise, the atmosphere was, as in the jungles of India, like the smoke from gunpowder, and in the intervals of sunshine the same sickening vapor could be seen rising from the earth like a white cloud. Perhaps in this atmosphere was suspended the great remote cause of fever; at any rate, from April to November, no such atmosphere was perceptible, and people calculate then on health, with as much certainty, as in the most wholesome climates of the world. Conjoined to decayed vegetable effluvium, there was another not unworthy of notice. From about ten miles south of Point Rafallo, runs out one of those great coral reefs which every where surround the coast, forming safe and extensive harbors. At the time of the rains, the curious inhabitants of the coral were observed to be liable to as hurried life and death as the vegetable kingdom. On the ebbing of the tide, this extensive animal surface was in a great measure left dry and exposed to the sun's rays; and although the shore was nearly a mile distant, yet the odors given off was disgusting in the extreme.

[Here we have similar facts to those related by Professor Daniell. The overgrown vegetable matter, the animal matter, and the disgusting odor which evidently resulted from the evolution of sulphuretted hydrogen as before related. When the marsh remittent fever commenced the patient felt 'nausea, languor, inquietude, yawning, chilliness, and thirst. Shortly the nausea disappeared, but the other symptoms became confounded, with heaviness of inspiration, a sense of tightness over the chest, headache, and intolerance of light, pain along the spine, especially in the lumbar region, and an uneasiness, amounting to pain, throughout the whole frame, which the most enduring tried in vain to sooth by constant change of posture, &c.' The mortality was dreadful. In Budderam 300 out of 1100 native soldiers died. In the French garrison the mortality was one-third of the whole: 'not ten per cent. of those attacked recovered.' The following circumstance also confirms what Professor Daniell advances with respect to the poison not crossing water.]

It is deserving of notice, that all who slept on board ship escaped: every victim seen or heard of, had passed one night on shore: and no instance of recovery was known in those who were taken on board affected. The writer had a vessel of 100 tons moored within the reef at Foul Point under his charge, mainly for the purpose of protection from sickness. Such as remained in her all night were quite healthy; but not one slept on shore with impunity. The same occurred every where else. There is, however, a fact still more worth mentioning; no man laboring under any form of dysentery or diarrhœa was attacked. This was first observed at Johanna in May, 1833. Two dysenteric seamen were encamped on shore, and three healthy men, envying their inactive life, escaped from the ship, and together with some men from an American ship, slept two or three nights in the tent. The consequence was, that all died of remittent except the two former. Several other instances were subsequently mentioned; and at St. Mary's, exemptions of the same kind were quite common.—*Lond. and Edin. Monthly Jour. of Med. Sciences.*

[Another singular fact mentioned by Dr. Allan is that at Port Lewis a land breeze prevails uninterruptedly for ten months in the year, and during that time intermittent fever is seldom seen:—but with the commencement of the breeze from the sea to the town the intermittent fever commences and prevails so long as the sea breeze continues. The remittent fever above described baffled all the medical men. The intermittents were more successfully treated with large doses of sulphate of quinine, from 20 to 25 grains at once. The first dose would produce a glow of heat over the whole frame, palpitation, throbbing of the carotid and temporal arteries, suffusion of the conjunctiva and giddiness. In an hour or two this ended in profuse perspiration and sleep. During the intermission another dose was given, which in the double tertian always prevented the second day's attack. This medicine was continued with wine every six or eight hours and generally succeeded in checking the disease.]

ITEMS AND INTELLIGENCE.

The New England Quarterly Medical Journal has made its appearance. It appears to be in the hands of talented conductors, but will be a failure. The only medical periodical which can succeed here is a cheap, spirited, and independent weekly journal.

Dr. Alfred C. Post, of this city, has accepted the chair of 'Ophthalmic Anatomy and Surgery' in the Castleton Medical School.

Dr. J. P. Kirtland, late of the Ohio Medical College, has been appointed Professor of the Theory and Practice of Medicine in the Willoughby University.

Dr. Stephen Williams' Discourse at the late Anniversary of the Massachusetts Medical Society, was, 'A Medical History of the County of Franklin'—an interesting paper, and will be noticed by us in due time.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending June 4, 1842.

54 Men, 32 Women, 40 Boys, 25 Girls. Total, 151.

DISEASES.

Apoplexy	6	Intemperance	1
Asthma	0	Inflammation	2
Asphyxia	1	Of liver	1
Abscess	0	Of bladder	0
Aneurism	0	Of brain	5
Bleeding	0	Of stomach	2
Bleeding from stomach	0	Of chest	1
Bleeding from lungs	0	Of lungs	11
Burned or scalded	0	Of bowels	3
Casualties	1	Of heart	0
Cholera infantum	1	Of kidneys	0
Cholera morbus	0	Insanity	1
Cancer	0	Jaundice	0
Consumption	24	Killed or murdered	1
Convulsions	9	Lues Venera	0
Croup or hives	4	Mortification	0
Debility	0	Malformation	1
Delirium tremens	3	Marasmus	6
Diabetes	0	Measles	1
Diarrhœa	0	Old age	2
Death from poison	0	Organic disease of heart	1
Dropsy	3	Palsy	3
Dropsy in head	3	Rupture	0
Dropsy in the chest	0	Rheumatism	0
Drowned	2	Spinal disease	1
Dysentery	3	Suicide	1
Erysipelas	5	Sprue	0
Epilepsy	1	Small-pox	6
Fever	2	Scrofula	4
Scarlet	13	Teething	1
Typhoid	6	Tumor	1
Puerperal	1	Unknown	3
Remittent	0	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	2
Fracture	1	Worms	0

William A. Walters, City Inspector.

City Inspector's Office, June 4, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, JUNE 18, 1842. No. 25.

REMARKS ILLUSTRATIVE OF THE NATURE, SYMPTOMS, AND TREATMENT OF SPINAL CURVATURES.

BY

RICHARD S. KISSAM, M.D., NEW YORK.

[WRITTEN FOR THE LANCET.]

No. III.

Treatment of the various Curvatures.

TREATMENT OF SIMPLE LATERAL CURVATURE.

It having been shown that this form of spinal curvature very generally depends upon an inequality in the length of the inferior extremities, or upon some acute inflammation, causing contraction of the spinal muscles of one side, we shall necessarily speak of the treatment under two heads. When, from congenital or accidental causes, one leg is shorter than the other, and thus produces a lateral inclination of the spine, we shall either be necessitated to burthen the limb by artificial additions to the sole of the shoe, or lengthen the limb by some surgical operation. In cases of shortening from fractures, or ulceration of the acetabulum, of course there will only remain to us, to direct a proper shoe to be constructed. The shoe must be made as light as possible, and at first not too high, allowing the shortened leg to remain the shortest for a time; gradually the sole of the shoe may be thickened, and the limb made nearly to approximate to the length of the sound one. Should the unsound leg be lengthened by artificial means as long as the well one, great uneasiness is experienced in walking. But should the patient be very young, and the curvature of the spine so great as to produce constitutional disturbance, it will be proper that both legs should be made to correspond in length, in order to alleviate the more important and distressing symptoms. A crutch will be very useful in these cases—it throws the spine in such a position as to produce a counter-curve. When the leg is shortened by a clubfoot, or a contraction of the flexors of the leg, then the proper treatment will consist in curing the clubfoot, or in dividing the hamstrings. The constitutional disturbance may remain after the cause of the curvature has been removed, these symptoms must be met. Long continued frictions, a course of tonics and a change of air, with sea bathing, will generally suffice to effect a cure. When the curvature remains to a disagreeable extent after these means have been faithfully tried, the treatment to be recommended in the second and compound form of this distortion must be had recourse to, viz. the use of extension and counter-curvature. When contraction of the muscles supporting and moving the spine is the cause of the curvature, we must direct our attention to these muscles. It has been shown that inflammation following colds, blows, rheumatic and other affections, are frequent causes of this variety of curvature. When the attack is acute, and tenderness pertains to the contracted muscles, this practice must be persevered in as long as the inflammation continues, and until all tenderness is relieved. Irritation of the digestive organs, especially from worms in the bowels of children, being a frequent cause of spasmodic action of the acute form in children, special care should be taken to remove any such state, when the distortion continues after the inflammatory symptoms have been subdued. Sometimes the spine will be curved from contraction of these muscles, from nervous irritation only, caused by a bad condition of the digestive organs. In these cases feeble children are generally the subjects; a few purgatives, and subsequent course of mineral tonics sufficing to effect a cure. When curvature from these causes takes place in young and growing children, they require constant attention, especially when the cause is not entirely subdued. A bad position is easily acquired; and when this favors the continuance, and promotes the distortion, it will be necessary to resort to mechanical means. This practice will be more fully explained in the next section. When the curvature is very decided, and has been produced suddenly from any cause, and the contracted muscle can easily be distinguished, it will be proper to divide the muscle by the sub-cutaneous section, as recommended by Guerin, before the osseous system becomes implicated. This simple variety of curvature forms very rapidly sometimes; and unless treated energetically in its first stage, will require a very long time to offset a cure, especially if the vertebræ become much thickened on one side. The slighter cases of this curvature, from false positions, require no other treatment than a correction of the vicious habits, and the more frequent use of the left hand; this, with occasional swinging by the hands, and free and full exercise of all the muscles of the back, by exercising in loose dresses, will suffice. Country air and sea bathing are important adjuncts in treating muscular debility.

TREATMENT OF LATERAL CURVATURE WITH PROJECTING SHOULDER, HIP, AND RIBS.

The treatment of this very important variety of spinal distortion must consist—

1st. In removing the cause.

2d. In correcting the constitutional disturbance.

3d. In the application of mechanical means to restore the distortion to a normal condition.

4th. A system of exercise calculated to restore the balance of muscular action.

The immediate cause of this disease, I conceive to consist in unequal muscular action; this inequality is the result of many remote causes. The most frequent perhaps are those induced by malpositions, with want of proper exercise, and close confinement to studies and hot rooms. It need scarcely be said that the whole method of living must be radically changed, in order to remove the exciting causes above mentioned. The distorted sufferer must be relieved from all mental care and anxiety. Reading for amusement only, should be allowed, for a few months. The school-room must be abandoned. If the weather permit, most of the time should be passed in the open air, in invigorating and healthful exercise. A wholesome and nutricious diet should be allowed. Every thing which tends to excite the imagination, or agitate the body, should be sedulously avoided. Indeed, all proper methods should be adopted to keep both the mind and body in a perfect state of repose. When the contraction follows acute disease, we must of course wait until the predisposing agency has subsided. When chronic disease of the brain, or general nervous derangement from some local irritation, has been in operation, these must be subdued before we properly commence our curative operations to remove the deformity. Having, as far as possible, removed all exciting and predisposing influences to muscular contraction, we must turn our attention to those disturbances kept up by the distortion; such as functional derangement of the heart, liver, stomach, and bowels, and the uterine system. Although these derangements are produced by the distortion and consequent displacement of some of the viscera, and inability to take exercise, still, an attentive consideration of the symptoms will lead us to prescribe for and alleviate many of them even before mechanical measures can be brought to relieve them. Should the heart palpitate upon slight exercise, causing headache and difficulty of breathing, this can be remedied by regular and progressive exercise, provided there exists no organic disease. Frictions along the course of the spine, and over the region of the heart, will also tend to overcome this sometimes distressing symptom. When the liver has become torpid it will be proper to administer a few mercurial purges, previous to administering to the consequently impaired digestion. This last symptom will generally be best subdued by a strict attention to diet and regular exercise. The pain in the back will necessarily attract attention; this I have found to be most surely removed by slight but constant counter-irritation. As soon as the exercises are properly persevered in, the pain will depart in a measure, and in the course of a few months entirely disappear. The same cerebral excitement which in some instances produces contraction or paralysis of the spinal muscles, extends its influence to the organs of the body, in these exciting functional disturbance, and in other muscles than the contracted ones, pain and debility. After attentive consideration, it must be determined, which symptoms depend upon the original cause, and which upon the distortion; they must be treated accordingly. Having subdued, as much as may be, the sympathetic troubles, as well as removed the causes operating to produce the curvature, we must next direct our attention to the mechanical measures necessary to correct the spinal distortion. For a long time men of science could not be persuaded of the propriety of mechanical support in removing the deformity accompanying this kind of muscular contraction; and consequently these interesting cases were abandoned either to questionable practitioners, or left altogether to the prophylactic efforts of nature. The consequence of this course was, that mere mechanics undertook the cure of these diseases, on mechanical principles; opposing force to force, as if the animated body were a mere inanimate mass, and treated as dead matter. Did a projection exist, it was to be *pushed in;* if a curve occurred, it was to be *stretched out*, regardless of all the tremendous consequences attendant upon the rude and sudden application of force to the delicate and *vital* structure of our highly organic and sensitive body. These men were not liable to censure, they only saw the hills and the vales—and brute force was their only means of overcoming the diseased inequalities. Even in our own day, compressing machines are used, to push in angular projections, the opposing force being the opposite side of the body, and between these fulcra, the *heart* and *lungs*. These machines *do push in* the curvatures, but at the cost of lasting disease of both heart and lungs. Within the last quarter of a century more scientific men have acceded to the necessity of the use of mechanical means, and very lately the success of Guerin of Paris, has silenced the apprehensions of the anti-mechanicians. The success attendant upon the treatment of clubfoot has also had its influence in subduing the prejudice. It would be a useless task to describe methods which have been abandoned as useless or injurious, and to detail the various contrivances which have been used and abandoned; my object is rather to point out the principles of treatment, and those means which I have found useful in fulfilling these principles. While some practitioners have been content to rest satisfied with attending to the general health, and directing a load of sand to be carried on the head, to promote resistance in the spinal muscles; and others to confine the sufferer to a continuous horizontal position of months and years, until their very joints have become stiffened for want of use, their bodies debilitated, and their minds impaired. Others more wise, have inquired into the pathology of this deformity, and prescribed with more science and greater success. Pressure on the projections alone has been used, and found to be injurious in compressing the thoracic organs. Extension was a great improvement upon pressure, and their combined influence promised much; but it was found that when long continued extension was made in a straight line, that the vertebræ were actually separated so as to be perceived, and the violent power necessary to affect this seriously injured the ligaments, and actually stretched the back entirely *straight*, destroying all the natural gracefulness of the normal curves of the back; a serious deformity to young ladies. It was reserved for Guerin, of Paris, the distinguished orthopœdic surgeon, to point out the most philosophical method of overcoming the abnormal curvature by mechanical power. It is simply to produce a counter curve; this is effected by moderate extension, and lateral pressure. Guerin effects this in a bed, of course the patient has a recumbent position. The orthopœdic chair, which is described in the fifth number of the *Lancet*, was designed by me to fulfil Guerin's suggestions. The advantages which it appears to possess are these:—The patient is in a sitting position, which is not only more comfortable, and allows of reading, sewing, &c., but in extension, the gravity of the body is made use of to promote extension. Further pressure, of an *innocent* nature, is combined with extension and counter-curvature; the pressure upon the angular ribs promotes the counter-curvature, and does not *compress* the thorax, as there is no opposing force but gravity. I have found four hours a day in the chair abundant time to produce marked effects. Advantage can be taken of the recumbent position, by placing a firm convex pillow under the convex side of the patient, so that projection will be opposed to projection—here will ensue innocent pressure, counter-curvature, and extension, by means of the double inclined plane of the convex pillow; when this is used, the bed should be an inclined plane, and no pillow should be placed under the head. Shampooing, frictions, and manipulations, are of great service. When the patient sits, she should endeavor to place the projecting shoulder and ribs against some projecting part of the common arm chair; the arm, for instance, and lean upon it. A constant attention to position will work wonders, by all the time exciting a curative action. Whatever apparatus is used, should be gradually imposed upon the patient, as the muscles are not to be pained or over tasked. The whole design of extension, counter-curvature, and pressure, is to *direct* the growth of the parts implicated in a proper course. The correction of the curves and restoring the lost muscular balance, must be depended upon to keep the patient well. These cases most generally occur in young girls, from eleven to sixteen years of age, and if taken at this period, the growth of the bones and muscles *may* be *directed*, and that quite easily. Older subjects are cured upon a somewhat different plan. The bones of the vertebræ are displaced and hardened, and the ribs are angular, and the body has ceased to grow. It requires long continued extension and counter-curvature, to produce absorption of the thickened sides of the vertebræ, and to overcome the firmly contracted muscles. In the young cases the vertebræ are not thoroughly ossified, and easily yield to pressure; and the changes are known to go on rapidly in youth; whereas, in older subjects, absorption takes place slower, and they have lost their health, which is an additional disadvantage. Girls under eighteen can generally be cured; older persons can always be benefitted, and prevented from getting worse. I have had no experience in cutting the contracted spinal muscles, but should not now hesitate to operate in some cases I have heretofore seen; as a general rule, I am inclined to think it unnecessary; the danger is nothing when properly practised upon the sub-cutaneous plan. Besides ample exercise in the open air, a regular system must be adopted, to exercise the spinal and lumbar muscles, with the weight taken from the spine. A small ladder placed at an angle of forty-five degrees against the wall, or placed at a proper height parallel to the horizon, so as by reaching up the hands may grasp the rounds, will be found a very useful means of exercising, by lifting up and down the body, and moving from one spoke to the other; this will be rather hard work at first, but by persevering, a regular and progressive course will greatly strengthen the muscles of the back and arms. A cord passed through two pullies, two feet distant from each other, six or seven feet high, with about one hundred pounds attached to one end, and a cross stick at the other, to be grasped by both hands, and the weight raised by bending the back and hanging to it, while the hands are extended above the head, will be found an admirable contrivance to exercise all the spinal and very many other muscles, with almost the entire weight of the body taken from the spine. There is no *necessity* of multiplying contrivances of this kind, still a variety is pleasing, and induces the patient to take more exercise. Crutches may be used with advantage, especially when the legs are weak. Whatever form of exercise is used, it should be with the weight taken from the spine, and calculated to extend the same. Rest in the horizontal position should be taken several times in the course of the day, for half an hour at a time; if this should be done before each meal, it would tend to promote digestion, and render the meals more agreeable, by reason of a sense of ease from rest.

TREATMENT OF LATERAL CURVATURE FROM CARIES OF THE VERTEBRÆ.

Cases of this description so seldom occur uncomplicated, that it will scarcely be necessary to say more than simply to advert to the treatment, which is almost identical with that to be described for posterior curvature from caries. When from injuries of any kind the symptoms of this curvature are manifested, it will be necessary to endeavor to determine the extent of the injury, and what number of vertebræ are implicated in the destructive process of caries. If only one vertebra, or the cartilages of two adjoining vertebræ are affected, only slight deformity will ensue if the patient when in bed will lie on the affected side; and when sitting rest the arm of the affected side on the arm of an easy chair, and when walking use a crutch on the sound side. These mechanical measures, it will be perceived, are intended to keep the spine erect, and thus prevent a leaning to the diseased side. The propriety of such measures will be considered in the section on the treatment of convex curvature. When more than one vertebra is diseased, more caution will be necessary in keeping the spine extended; scarcely or never under such circumstances will the caries be limited to one side of the bodies of the vertebræ, but will extend to the whole circumference, and then the case will be one of convex or posterior curvature, and must be treated accordingly. All the sympathetic and induced functional derangements, will require attention. Previous to the curvature taking place, the symptoms will be those of irritation; febrile excitement, derangement of the digestive functions, pain in the stomach and bowels, and headache; these must be met in the ordinary manner. If the local pain at the place of diseased bone should be very great, it will be proper to establish an issue; if the pain should be moderately great, a succession of blisters will be sufficient to relieve the intensity of the inflammation and consequent pain; if the pain should not be sufficient to prevent repose at night, it will be unnecessary to reduce the sufferer by this exhausting process. When the curvature occurs, the induced symptoms will be those from pressure of the intervertebral nerves. The curvature must not be allowed to occur suddenly, the patient should be kept very quiet, and during this period should recline most of the time. When the reparative process commences, the necessary support should be given the body, to enable it to maintain as straight a position as can be borne without *sundering* the vertebræ to be anchylosed. Of this I shall speak more hereafter; indeed, I shall say no more of this form, because the general principles of treatment are identical with those presently to be described when treating of convex curvature.

TREATMENT OF CONCAVE CURVATURE, OR INCURVATION.

When incurvations result from caries, the general and local treatment will be the same as in excurvation. The most usual cause of incurvation being a rachitic condition, it will be necessary to resort to the usual remedies generally recommended in this disease. During the treatment, and after the tone of the system is restored by a tonic course of food, air, sea bathing, and medicines—more especially a change of situation to a high and dry locality—the local treatment must consist in bathing the loins with cold water, following it with a smart degree of friction; and assuming as often as is convenient—and the more frequent without consequent fatigue the better—that position which can only be obtained in a wide-bottomed chair, by placing the gluterii muscles on the extreme front edge of the seat, and leaning far back on the arms and back of the chair; then by resting the feet on the back of another chair, the position will be perfect—for the purpose of cure. This position is constantly represented in almost any smoking room, and is strictly American—so say travellers. During recumbency, the patient should lie as much as possible on the back; this and the sitting position recommended, are intended to effect a counter-curve; they do it, and are accompanied with no pain. The bandy legs, or knock-kneed condition of the patient, will of course require attention; crutches are of importance here, both to relieve the legs and spine from the superincumbent weight. When incurvation at the loins, and excurvation at the dorsal portion of the spine are complicated, the back-board or corsets must be used in conjunction with the sitting posture. A lateral twist occurs in conjunction with this occasionally—this will tax the ingenuity of the practitioner; but perseverance and patience will overcome almost any obstacles.

TREATMENT OF CONVEX, OR POSTERIOR CURVATURE.

Almost every practitioner has treated this form of curvature; each and every one of such will mourn because of the impossibility of a very early and correct diagnosis of this distressing malady. Could we certainly know the nature of the cases when first called on to prescribe for them, in a great majority of cases we could prevent the destruction of bone, by taking early and decided measures to arrest the inflammatory symptoms. Unfortunately the symptoms lead us far from the origin of them. Epigastric distress first claims our notice. This is so very common that we prescribe some light remedy, and perhaps give temporary relief. Vomiting is also generally a trifling symptom in childhood; this, perhaps, will also yield to attention to diet and carminatives. The general restlessness from pain at the seat of disease, is regarded or thought to depend upon gastric derangement; the child does not or cannot tell where the pain is; indeed sometimes there is no decided pain, but only uneasiness. Thus matters go on for months, when spasmodic motions of the legs and general decay cause a more severe scrutiny; and when abscess at the groin, or paralysis of the legs, or an actual spinal deformity is discovered, then the whole unacceptable truth is manifested, and we find ourselves surgeons to a case we would wish to relinquish. Should we happily, at an early period, discover the nature of the disease, we have comparatively an easy and agreeable part to perform; counter-irritation by means of blisters, attention to general health, the recumbent position for a few weeks, or until the inflammatory symptoms are subdued; then proper support from crutches, or corsets, or a backboard, or any apparatus calculated to remove the superincumbent weight, will greatly aid and facilitate the recovery. But when this advantage is lost, as it commonly is, we are called upon, first, to arrest the destructive process of caries; second, to relieve the attendant symptoms; and third, to prevent as far as possible the consequent deformity. As a general rule in practice, we may conclude that after curvature has occurred, the tendency to caries is arrested, especially if after the first symptoms attendant upon the pressure are removed, the health appears slightly to improve. When the caries has so far advanced as to destroy the bodies of the vertebræ, it has accomplished all the ruin, and the only care now is to prevent this process from advancing to the adjoining and comparatively sound bones; if a great degree of tenderness exists in the adjoining vertebræ, or the nerves proceeding from the spaces above the disease manifest great derangement, fear should be entertained, and issues established or blisters applied over the seat of the suspected disease; these should not be continued any longer than is necessary to remove the local pain and tenderness. How issues act to arrest the caries, I do not know; that they do, is all sufficient for our present purpose. Let us beware not to exhaust the body by a long continuance of them; for for when the disease is arrested they become a source of irritation, and actually prevent the reparative process from advancing. The general condition must be studiously considered. If a scrofulous diathesis exists, tonics, sea bathing in the proper season, pure air, and gentle exercise, must be prescribed. When the psoas abscess is present and the matter points at the seat of disease, or the groin, or elsewhere, let it alone—*do not open it.* It is surprising how much pus will be absorbed; it is also surprising how much mischief the admission of air will do in such cases. When from necessity, such as the great accumulation of matter at the groin, and consequent pressure and burrowing, it becomes necessary to evacuate the pus, do it by making minute punctures, and allow the sac to contract as fast as the contents escape; then cover the punctures with lint and adhesive plaster to entirely exclude the air. The functional derangements of the organs of respiration, digestion, and the circulation, require attention; these will be relieved in a great measure when they learn to accommodate their position to the inconvenience of pressure. The mechanical means to be presently recommended will also greatly aid to relieve these organs. Derangements will sometimes continue after the cause has been removed; it will become necessary to restore the tone of the stomach and stimulate the liver by a course of alteratives—the best of which here are the preparations of iodine. Paralysis of the inferior extremities will generally be removed as the general health returns, and will be much hastened by proper support and extension of the spine. When after the progress of the caries is arrested, and anchylosis is completed, if paralysis should continue it will be proper to apply moxa to the sacrum, and to administer strychnine endemically. However unwillingly men of science have acquiesced in the propriety of mechanical measures in the treatment of lateral curvatures of the spine, they still generally exhibit a perfect abhorrence to machinery as applied to posterior curvatures. I have the satisfaction of knowing, however, that the method I recommended in the twelfth number of the *Lancet* meets the approbation of some of our most distinguished surgeons; and certain I am, that when that method is carefully and unbiassedly considered, it will have many approvers. The object which I wish to obtain by the application of an apparatus to the spine having a posterior curvature, is simply to keep the spine in an *erect position;* not to stretch it and sunder the sound vertebræ in the immediate vicinity of the carious ones, and thus destroy the only chance of recovery by the formation of an anchylosis; but to prevent the spine from forming a greater angle than is absolutely necessary—and a very *small protuberance* is only demanded. When a number, say five or six, vertebræ are carious, of course the back will be greatly shortened, and the constitution much debilitated by the extent of disease. No apparatus should be applied until the caries is arrested, and reparation by anchylosis has commenced to be instituted; this will be known by the cessation or diminution of general irritation, lessening of pain, and general improvement in health. All the apparatus which I have seen constructed for this purpose has been upon the principle of *pushing in the hump;* than which nothing to my mind could be more unphilosophical, unphysiological, and cruel. Not philosophical, because by pushing upon the keystone of an arch you cannot destroy the arch, but the force is propagated to the extremities and abutments. Nor physiological, because, could the curvature be pressed in, it would be placed in a position to do more injury than in its previous situation. Cruel, because it produces extreme pain and irritation, and prevents progressive improvement.

The method which I employ is to place such a contrivance upon the back as shall not disturb the anchylosis, (the keystone of the arch,) but by pressing upon the sound vertebræ only as a fulcrum—by simple straps draw back the shoulders—and thus in growing children, train the back to an erect position, and materially expand the chest, and relieve the digestive organs from pressure. Sometimes *slight* extension becomes necessary from the position of the curvature; thus, when it is high up on the spine, bending the back will not effect the object; then the apparatus must be constructed to extend as well as bend the spine. Almost every case requires a modification of instruments. The only cautions necessary to be given are—1st, do not extend the spine more than the child can effect by voluntary efforts; and 2d, be sure that the weight is carried by the pelvis, and not imposed upon the spinal column, which will defeat the object in view. Extension when necessary should be most carefully and cautiously made; but when the figure improves, and the general health indicates a returning vigor, perseverance becomes a virtue. If pain should be caused by this treatment, examine well the apparatus and remedy any evil construction, or remove it altogether for a time. When the curvature exists in the dorsal or lumbar region, a simple corset, open and laced before, stiffened by bones or leather, with an aperture just large enough to allow the apex of the curvature to pass through, will be all that is necessary. When the superior dorsal or cervical portion of the spine is diseased, a backboard, so made as not to press upon the protuberance, with the common crane and headpiece, will fulfil every mechanical indication. When a lateral twist complicates the posterior curvature, a slight modification of the apparatus will counter-curve the column. When absorption of the anterior portion of any part of the spinal column is caused by an enlarged heart or aneurism, and terminates in curvature, it is perhaps unnecessary to say it should be left to nature.

Number of Suicides in France in 1839.

During the course of this year 2,717 cases of self-destruction have been reported by the authorities of the different departments; of this number, 698 were committed by females; and 486 occurred in Paris alone. We cannot, however, regard this as the entire number of suicides perpetrated throughout France, during the year; for very many undoubted cases, says the reporter, are, either from insufficient data or at the importunity of relatives, registered as deaths from accident. The following table shows that the dreadful crime of self-destruction has been yearly increasing during the last four years:—

1836	2,310	1838	2,556
1837	2,413	1839	2,717

(A lamentable picture of human depravity!)—*Gazette Medicale.*

LECTURES.

A COURSE OF LECTURES
ON THE
Principles and Operations of Orthopœdic Surgery.

BY

WILLIAM DETMOLD, M. D.

Delivered at the College of Physicians and Surgeons, New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture IV.

GENTLEMEN:—We are now to consider the treatment of clubfoot. The treatment of *pes equinus* and *talipes varus*, is, as I remarked at the close of the last lecture, materially the same. If the pathology of a disease be perfectly understood, the appropriate treatment will be easily discovered. I hope that I have enabled you to comprehend distinctly the pathology of clubfoot, and if so, you will readily conceive what sort of treatment is indicated for the cure of the deformity. That treatment consists in the adoption of measures to effect the re-establishment of the muscular equilibrium. And now we come to the practical question—How is this to be done? I have made the general remark that in recent cases you can restore the equilibrium by the employment of mechanical means; and that a moderate degree of extension will overcome the spasmodic contraction of the muscles. But I told you that if the contraction were of long standing and powerful, mere extension was inadequate to overcome it, and recourse was necessary to the knife for the purpose of dividing the affected muscle or tendon. In cases of clubfoot you will very seldom be called on to adopt any prophylactic treatment. But in families where children have been already born with clubfoot, it would certainly be advisable to recommend during pregnancy the observance of a strict regimen by the mother, and the careful avoidance of every influence which might operate unfavorably on the fœtus. If the disease threatens to develope itself after birth—for instance, after a paralytic fit or spasmodic attack—we must of course first endeavor to cure the nervous affections, just as in a case where clubfoot is likely to result from an ulcer on the heel, which prevents the patient from putting the heel to the ground; it would certainly be bad practice first to attempt to restore the proper position of the foot, before curing the sore. If then the deformity be threatened, the employment of mild mechanical means, such as stiff shoes, may arrest its full development, and the treatment would in such a case be precisely similar to that which is proper in the slighter degrees of the deformity.

An important question to be decided is, how can we ascertain in any given case whether mere mechanical means will avail without resort to the knife, or whether division of the muscle or tendon must be effected before the employment of extension? The division of a muscle or tendon is, to be sure, unattended with danger; but still I need not remind you that we are never justified in the performance of any surgical operation, unless we are fully convinced of its necessity; and certainly it is much more creditable to the skill of a surgeon when he effects a cure without an operation than after resorting to one. It is very difficult—indeed, it is impossible to give any positive rule to guide your decision in all cases respecting the propriety of the operation of dividing the muscle or tendon. A good deal depends on the worldly circumstances of your patients. You must, as a matter of necessity, operate more frequently amongst the poor than the rich, as the former are unable to devote sufficient time to the care of their children, and the operation will expedite the cure. I have divided a vast number of tendons in patients brought from the country, who were in comparatively humble circumstances, and could not spare much time; whereas had they lived in the city, and been able to devote sufficient time, I might have cured them without an operation. Besides these circumstances, there are others which must always influence your determination. You must take it as a rule that in all cases where you can reduce the deformity merely by your hand, you may safely dispense with the operation. And here I must direct your attention to the manner in which you are to attempt the reduction of the deformity with your hand. Do not take hold of the foot as though you were afraid; do not begin with the points of your fingers; by proceeding in this cautious gentle manner you appear not to hurt the child, but that is in reality the way to do it. I have seen this done, and therefore I direct your attention to it. Take the child's foot in your whole hand, and place the other hand on the opposite side, and then begin gently to make extension; if you do it suddenly, and employ much force, the child will flinch, the muscles will contract, and you will find much more resistance than there actually is, and which you may erroneously ascribe to the spasmodic contraction; therefore, place your hand gently on the foot, grasping it in the way I have described, and then make slow and gradual extension. If you can thus bring the foot into the natural position, you may dispense with any operation.

The operation itself is a very trifling one; I have already mentioned that it is all done under the skin, and is accordingly called the 'sub-cutaneous method.' You insert a small knife under the skin, cut the tendon, and that is about the amount of it. A variety of knives are recommended—some surgeons prefer a straight knife, others employ a curved one. And different rules have been given respecting the direction in which the incision should be made; some recommending it to be made upward, and others downward. All this was done when the operation was a novelty, and every one thought he must needs make some improvement. But the truth is that the shape of the knife and the direction of the incision are of small consequence. The most important thing is that you take a narrow knife and avoid making the wound in the skin any larger than the width of the blade. I will show you the knives which I generally use. [Dr. DETMOLD here exhibited to the class the various knives usually employed in orthopœdic operations.] The facility and success of the operation depend very much on the position in which you place the patient. If the patient be an adult, or a child beyond the period of infancy, I place them on their stomach, put something under the knee, then grasping the foot I draw the heel downward, and introducing my knife in the manner alreading described, and making the incision as it were the centre of the movement underneath, I divide the tendon, cutting out towards the skin. If you cut the tendo you will hear it snap asunder. Some operators prefer going above the tendon and cutting inward. But that is a mere matter of taste. If you prefer that mode, adopt it; only one advice let me give—whatever mode you think proper to adopt, be sure you apply it well. After the operation you apply a piece af court-plaister over the incision, a compress moistened with cold water, and a bandage. I have never seen any untoward circumstances follow the operation. I have never seen hæmorrhage, inflammation, or any disagreeable result. Whether I have been particularly fortunate, or whether I deserve some credit for being careful, I do not know; but the fact is as I have stated with regard to my experience. Others have occasionally seen hæmorrhage. Some French surgeons have met with considerable hæmorrhage after dividing the tendo Achillis. If such a thing should happen, apply your bandage a little tighter than usual—you need not trouble yourselves greatly about it—I don't think you will ever run great risk of bleeding a patient to death in such circumstances. In one case I met with slight ulceration of the skin after the operation, which was of course readily cured by appropriate treatment. But I have never seen any thing worse.

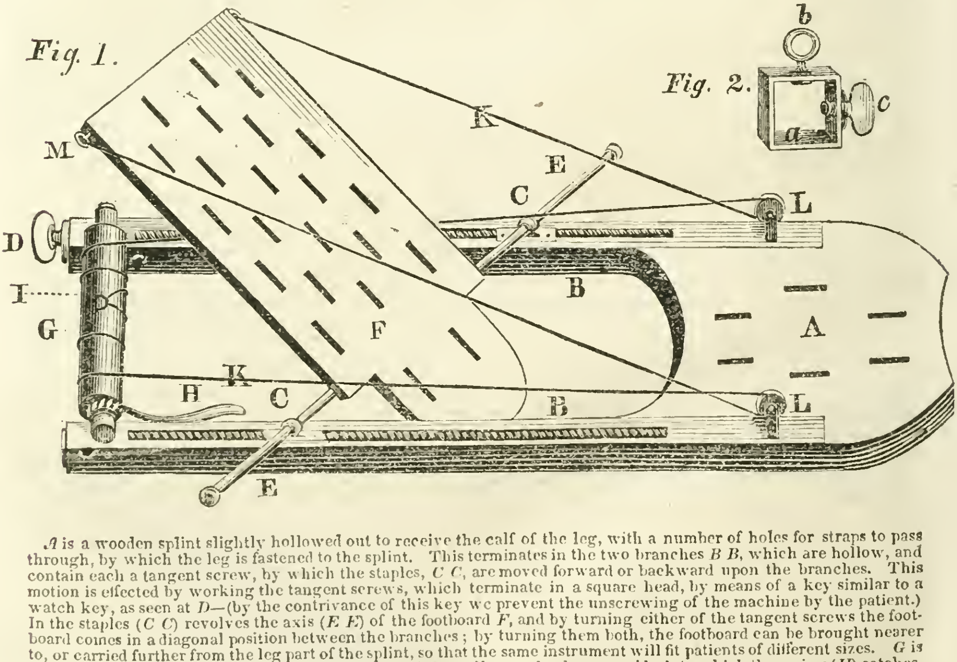
Sometimes the tibialis anticus requires division. You can, in such cases, very easily feel it contracted under the skin—bring your knife under it, and it will snap like a fiddle-string. The tendons of the toes also require division in some cases, and that is of course easily affected. A great deal has been said about what tendons should be divided, but in the majority of cases of clubfoot division of the tendo Achilles alone will be sufficient. In all cases you will find it very strongly contracted. The heel is drawn upward, and the tendon is very tense under the skin; you divide it where it is most prominent. You must be very cautious, and not go into the muscular fibres. Why, I cannot very well explain, but it is prudent in all cases to avoid meddling with the muscles. Be particular also in effecting the complete division of the tendon. Do not bring your knife between the fibres of the tendon, as in such a case you would make only a partial division, and the undivided portion must be torn, or offer a very serious resistance to the subsequent extension. You will readily ascertain by the snapping sound that the tendon is completely divided. There is, however, no objection to your making extension in order to discover whether any fibres remain undivided. If any should be undivided, you must of course cut them. Do not hesitate about the introduction of the knife for this purpose, although it certainly looks prettier, and you will get more credit from the people around if you divide the tendon with one clean cut. The aponeurosis plantaris must in some cases be divided, and it is a rather more difficult operation than that just described. For instance, in a case like this, (exhibiting a cast) when the aponeurosis is so strongly contracted it would be difficult to effect a cure by extension without its division. In such a case I prefer the convex knife, and on dividing the aponeurosis you will hear the fibres snap with a noise which I cannot very well describe, but which is easily understood when heard. In some cases the extensors, or it may be, the flexors of the toes will require division. In short, all those tendons or muscles which will not yield to extension must be divided; and a little experience will enable you to decide in every case what should be divided. As I have already remarked, in most cases, division of the tendo Achillis alone will suffice, and I have by merely doing so, cured dreadful deformities. If, however, you should find, in the course of the after-treatment, any muscles or tendons unwilling to yield to extension, you can at once divide it, and this cautious course will be properly appreciated by your patients, because they will perceive from it that you wish to avoid all unnecessary division. I have made a great many experiments relative to the extent to which it is necessary to carry the division of muscles and tendons in order to cure these deformites. I have, for instance, taken children with both feet affected, and in the treatment of one foot I have used mechanical means alone, and in the other I have also divided the tendon. In both cases I have succeeded—I will not say equally well—but in both I have effected a complete cure. The great difference in the two methods of treatment is, that without the operation it requires longer time to effect a cure.

When I first commenced the practice of orthopœdic surgery, I had the fear of tetanus before my eyes; and in all cases after the operation, I applied in the first instance an apparatus similar to that which you would use in rupture of the tendo Achillis, and afterwards used extension. Now I find this precaution unnecessary, generally speaking. Yet I would not that you should fall into the opposite error, that of using painful extension *immediately* after the operation. I generally defer till a few days after the division of the tendon the employment of extension. Some adopt a different course, and think I thus lose a great deal of time. But by doing so they certainly, to say the least, run a risk and gain nothing. They incur the risk of altogether preventing the re-union of the tendon, and also of inducing inflammation. Immediate extension is then, in my opinion, not advisable. On this point also I have made many experiments, and feel fully justified in offering the advice I have just given.

We now come naturally to speak of the apparatus employed for the purpose of making the requisite extension. This is my own instrument; a material improvement upon Dr. Stromeyer's machine, and which I believe is now more extensively in use in the United States than any other.

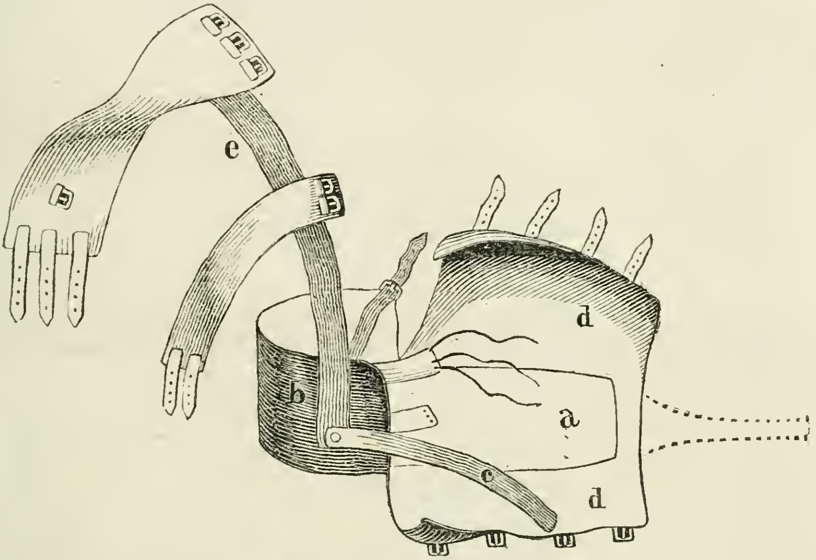
Fig. 1.

Fig. 2.



A is a wooden splint slightly hollowed out to receive the calf of the leg, with a number of holes for straps to pass through, by which the leg is fastened to the splint. This terminates in the two branches *B B*, which are hollow, and contain each a tangent screw, by which the staples, *C C*, are moved forward or backward upon the branches. This motion is effected by working the tangent screws, which terminate in a square head, by means of a key similar to a watch key, as seen at *D*—(by the contrivance of this key we prevent the unscrewing of the machine by the patient.) In the staples (*C C*) revolves the axis (*E E*) of the footboard *F*, and by turning either of the tangent screws the footboard comes in a diagonal position between the branches; by turning them both, the footboard can be brought nearer to, or carried further from the leg part of the splint, so that the same instrument will fit patients of different sizes. *G* is a windlass fixed upon the ends of the branches, with a small cog wheel on one side, into which the spring (*H*) catches, so that the windlass cannot turn back unless the spring is lifted by pressing on the other end. The windlass has a small hook (*I*) upon which the cord (*K*) is fastened, which goes through two pullies (*L L*) on the splint, and from these through two eyes (*M M*) on the upper part of the footboard; by turning the windlass the footboard turns upon its axis. The footboard has a number of holes for straps to pass through, by which the foot is fastened to the board.

The main difference in our machine from that of Stromeyer's, is that we move the staples in which the axis of the foot-board revolves by tangent screws; in Stromeyer's machine, the staples are placed upon slides, which move upon the branches of the splint, and are by means of a screw fixed at that part of the branch where the surgeon wants it. Fig. 2 is such a slide. *a* is the iron slide. *b* is the staple through which the axis goes. *c* is the screw to fasten the slide. This instrument I use only in cases of long standing. I formerly used it in infants, but now find it unnecessary in such cases. In fact, I now use much less machinery than formerly. In infants I now use nothing but a shoe of this description—(this shoe is for the right foot:)—



a is the sole of the shoe. *b* is the heel-piece. *c* is a spring on the outside of the foot, which is buckled inside the two leather flaps, *d d*, which are buckled over the foot. *e* is a long spring, which is bent outwards and reaches up to the knee, and is fastened to the leg with two girdles.

My time is too limited to exhibit any instruments except those which I think the best.

In my next lecture, gentlemen, we will proceed to the consideration of other deformities.

REVIEW DEPARTMENT.

Observations on the Climate, Topography, and Diseases of the British Colonies in Western Africa. By E. J. Burton, M.D., Assistant Surgeon to the 25th Regiment, late Assistant Surgeon to the Royal African Corps.

In a late number of our journal, we gave a brief notice of a series of articles upon this subject, which have recently appeared in the 'Provincial Medical and Surgical Journal.' Our object now in extending this notice, is to bring under review such portions of the 'Statistical Reports on the Sickness, Mortality, and Invaliding among the Troops in Western Africa, St. Helena, the Cape of Good Hope, and the Mauritus,' as have any relation to the same points.

Having referred in our previous notice to the Fevers of Western Africa, we will now present our author's views in reference to the prognosis and post-mortem appearances of the *bilious remittent fever*, which is not unfrequently confounded with the true *yellow fever* or *febris icterodes*.

'*Prognosis.*—The bilious remittent fever of Africa must always be considered an extremely dangerous disease; its great fatality has been before spoken of; much, very much indeed, will depend on the treatment adopted, and more, if possible, will depend on the attention of the physician. It is of the greatest importance to commence the treatment in the most energetic manner from the moment the fever declares itself. The life of the patient is in the hands of the medical attendant; for, if the first few days of this important time, every moment of which is of the utmost value, be lost, or trifled with, the patient's fate is sealed—his doom is fixed. The treatment which will be hereafter given, having proved extremely efficacious, indeed, the success attending it has been uniform, not one case having proved fatal, the writer of these papers is, therefore, inclined to form a much more favorable prognosis than the previous mortality would have justified.

Post-mortem appearances.—It is to be regretted that pathological researches have not thrown much light upon the nature and treatment of this disease; it is true that, in some cases, appearances and changes in structure have been found, which might have been anticipated from the previously existing symptoms; but it must be considered as not a little extraordinary, that, in these instances, where the symptoms—such as violent headache, delirium, great irritability of the stomach, with vomiting, amounting nearly to black vomit, would have led to the supposition that much structural derangement had existed, the post-mortem examination gave no evidence whatever of organic change. Must not the symptoms in such cases be attributed in a great degree to nervous influence? The vessels of the brain are found, in some cases, preternaturally distended, and gorged with blood; and serum is sometimes found in the ventricles. The stomach often appears unusually vascular, and sometimes patches of red are perceived; but in some cases, even where great irritability had existed during life, the internal surface of this organ is paler than when the patient had died of disease, altogether unconnected with inflammatory action. The liver is, in the majority of patients, not much changed, unless the person had resided for some period in the tropics, or had led an intemperate life, when it may be found enlarged; it is sometimes softer than in its normal state; the gall bladder is usually filled with thick viscid black bile, and it has been found empty also. If the patient has resided for any considerable time on the coast, the spleen will be found somewhat enlarged, and soft; but this viscus seldom attains any great size, until after the person has had a few attacks of intermittent fever. A red patch not unfrequently surrounds the entrance of the gall duct into the duodenum, and ulceration of the mucous membrane of the intestines is sometimes met with; but this last symptom, when it exists, seems to depend more on the broken down constitution of the patient, and can scarcely be accounted a morbid appearance produced by the disease. The bladder is generally found empty, and its mucous coat of a reddish color; this appearance must be attributed to the acrid nature of the urine, which is secreted during the progress of the fever.'

Although great contrariety of opinion has always existed in reference both to the nature and origin of yellow fever, arising doubtless from the fact that its phenomena are much modified by climate, and especially by temperature, season, and locality; yet, at the present day, the mass of the profession coincides in the opinion that it is a disease *sui generis*. As regards the difference between yellow and remittent fevers, reference may here be made to the distinction laid down by M. Louis, as deduced from observations made by him at Gibraltar in 1828. According to this high authority, the essential anatomical character of the yellow fever consists in a peculiar condition of the liver, which, without much alteration of size or consistence, is yellow, with but little bile in the gall-bladder. On the other hand, we find, in the remittents of warm climates, the liver always of a dark color and generally enlarged and flabby, with a gall-bladder mostly distended. Another pathognomonic symptom is afforded by the spleen, which is mostly normal in yellow fever, but much enlarged and softened in bilious remittent. Likewise, the fluid black matter generally found in the stomach in yellow fever, is absent in the remittent fever. We may also add that whilst in the West Indies and Western Africa, yellow fever is said to secure no subsequent immunity, at Gibraltar and New Orleans the same individual is seldom twice attacked.

Passing over the treatment laid down by our author, which can afford little practical interest to our readers generally, we will conclude our notice of these essays with the following extract:—

> 'I have, in a former paper, stated it as my opinion that the climate of Western Africa is so destructive to European health, that all attempts to colonize the country must ultimately be abandoned, and the melancholy termination of the 'Niger Expedition' (the news of which has just arrived in this country) must be regarded as fully confirming my views of the subject. It appears that the medical men attached to the expedition have named the disease encountered by them the 'river fever,' implying that it is different from the fevers usually met with at other places on the coast, but let an expedition, under the same circumstances, proceed up any of the rivers of Western Africa, at the same season of the year, and an equally fatal termination will prove that the causes which produced the Niger fever are to be found on all parts of this fatal coast, and are capable of giving rise to the like effects.—The fate of this expedition fully confirms the correctness of my previous statements, that this country is not only unfit for the *permanent* residence of Europeans, but that its pestilential shores cannot even be approached, for a temporary purpose, without the most imminent danger and melancholy consequences. The number of fever cases which occurred amongst the officers and crews attached to the vessels employed in the expedition cannot be considered at all extraordinary; indeed, the only inexplicable circumstance is, that so many white persons appear to have escaped the fever. I find, by my notes, that on the 1st of July, 1839, there were nineteen unseasoned Europeans* residing at St. Mary's, Gambia, and on the 10th of October, in the same year, all these persons had passed through fever, some of them having more attacks than one. Now, this perfectly agrees with the climatorial effects which have been observed by me at every other place, and during other rainy seasons on the coast; and it was from these observations that I ventured to assert, that every European must have fever during the first rainy season subsequent to his arrival in the country. These facts furthermore prove that the occurrences and casualties attending the 'Niger Expedition' cannot be considered in any way novel or extraordinary, but the natural consequences of breathing the unwholesome and mephitic air of this ill-fated country.'

These views are fully confirmed by the interesting statistics of the British Army, adverted to above. As the British settlements on the coast of Western Africa are scattered along a line of nearly sixteen hundred miles, there is consequently presented a considerable diversity in those physical circumstances, the aggregate of which constitute climate. The most striking climatic features are extreme heat and moisture. 'Upwards of 300 inches of rain,' says the Report, 'have frequently fallen during the season; and more has been measured in two nights than falls in Great Britain during a year.' In one particular, however, all these localities agree, viz., their deadly influence on European life. The principal military stations are Gambia, Sierra Leone, and the Isles de Loss. In regard to the general topography of the country, it will suffice to say that the whole coast from Senegal to Sierra Leone—a distance of more than 700 miles—is exceedingly low and flat, being elevated only a few feet above the ocean. The whole consists of an interminable wilderness of forest and brushwood, intermingled with the decaying vegetation of centuries, produced by the intersection of rivers which are always sluggish in their course, except when swollen during the rainy season.

From these reports it appears that upon an average of so long a period as eighteen years, the ratio of admissions into hospital has been 2978 and the deaths 483 per 1000 of the strength. Hence every soldier was thrice under treatment, whilst nearly half the force perished every year. Both in 1825 and in 1826, when the greatest mortality existed, three-fourths of the strength, exclusive of deaths, termed casualties, fell victims to disease. Of 1685 white troops that arrived on this coast in 1822, 1823, 1824, and 1825, there died from 1823 to 1827 inclusive, 1298, and 387 were sent home as invalids. Of the latter, 17 died on the passage, and only 33 of the remainder were, on inspection, found fit for further service. Of officers, 209 per 1000 died annually, and 197 per 1000 returned home invalided. So decidedly hostile is this climate to European constitutions, that two-fifths of the white troops are annually cut off by fevers, whilst the blacks are almost exempt. The mortality among the black troops, on an average of nineteen years, was only three per cent. The natives, however, are subject to many diseases from which the Europeans are exempt, more especially small-pox.

At the station of Gambia, the tale of disease and death is awful to contemplate. Here the first detachment of troops, consisting of 108 men, arrived in the latter end of May, 1825, just as the rains commenced; and by the 21st of the following September, the history of the post was summed up thus:—

Died of remittent fever.	74
Of other diseases.	13
Total died.	87
Alive at the end of four months.	21

During this period, as there was no accommodation on shore, a detachment of 91 was kept at sea on board a transport, where not a man was lost; but towards the end of September, these men, when room was made in the barrack by the death of four-fifths of their comrades, were also landed, making a force of 112. On the 21st of the following December, the statistic result is as under:—

Died of fever.	61
Of other diseases, including six from fever following punishment.	12
Total died.	73
Alive on the 21st December.	39

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* All these persons had arrived in the country subsequent to the rainy season of 1838.

But this is not all. As these 39 survivors were mostly in the last stage of some chronic disease, 200 fresh Europeans came in to supply their places. These again we find despatched after the following statistic fashion. From the 21st June to 21st September, there were reported of deaths—

Of fever	85
Other causes	13
Total in three months	98

Thus ere three months had elapsed, half the number had gone to their narrow homes. The strength being now reduced to 108, of these there died from the 21st September to the 21st December, from fever and other diseases, eighteen. In those that recovered, the constitution was irremediably shattered.

Corporeal punishment was frequent and carried to great extremes. 'In seven instances death ensued before the patient came out of hospital. Six of these, however, occurred at the Gambia, where, as the majority of each detachment generally perished within three months, it is probable their fate may only have been accelerated—not induced—by the punishment.' The men were naturally reckless. They drowned the sense of danger by constant intoxication. Their language was—'Let us be drunk to-day, for to-morrow we must die.' How demoralizing is pestilence! What a commentary is this upon climate!

The following table, however, in reference to the mortality among the missionaries, who arrived between March, 1804, and August, 1825, all men in the prime of life, would appear to afford no evidence that purer morals and a more regulated life secured any safety from death:—

Of 89, there died	54
Returned to England in bad health	14
" " " in good health	7
Remained on the coast	14
Total	89

During the whole of the dreadful mortality at the Gambia described above, a detachment of 40 or 50 black soldiers of the 2d West India Regiment lost only one man, and had seldom any on the sick-list.

The British troops on this coast were mostly '*commuted-punishment men.*' But in 1825 there arrived a detachment of English recruits who had voluntarily enlisted at Chatham. As these were men of exemplary conduct, it was deemed advisable to separate them from the commuted-punishment men, who indulged in the worst habits of intemperance and debauchery. They were put on the Isles de Loss, where there was no possible opportunity of indulging in inebriety. Of this detachment of 103 men, at the end of 18 months, 62 were dead, and 21 invalided to England; and of the remaining 20, scarcely any were fit for duty.

In 1825 and 1826, the relative annual mortality of the three principal stations, per 1000 of force employed, was as follows:—

Sierra Leone	650!
Isles de Loss	600!
Gambia	1500!!!

A hundred other experiments showing the impossibility of keeping white troops alive on the Western Coast of Africa, might be detailed. Thus at Accra, on the Cape Coast Command, we find that on an average of 1823, '4, '5, '6, two-thirds of the white troops died annually, and that in one of these years, (1824,) the deaths nearly equalled the mean strength of the garrison. As few troops lived to complete a whole year in the command, the following extract from a report, dated December, 1824, affords a pithy history of the first detachments:—

'Out of the first detachment of European troops, which arrived in April, 1822, under the command of Capt. Donald, only *one* survives. Out of the second detachment of 129, which arrived in October, 1823, under the command of Capt. L'Estrange, only a few remain, and their constitutions are so destroyed by repeated attacks of intermittent and remittent fevers with dysentery, that their existence cannot be long. Out of a third detachment of 131 disembarked here on the 12th of March, 1824, under the command of Lieut. M'Cumbie, from the Cape of Good Hope, the majority died, a few months after landing, from remittent fever and dysentery, depending on diseased liver. Out of the fourth detachment, which arrived on the 20th March last, in the brig Anne from England, consisting of 33 men, (chiefly non-commissioned officers,) under the command of Lieut. Mollan, only *six* are now alive. Out of the fifth detachment, which arrived from England in H. M. ship Thetis, on the 4th of July last, and consisting of 101 men, 45 have already died. Out of the sixth detachment of 11 artillerymen, who arrived here on the 17th of July, 1824, from England, only one is dead, but I apprehend that ere long most of them will be on the sick-list.'

With civilians it was the same as with the soldiery. Out of 77 officers, who arrived at various times between 1822 and 1827, there died 37 before quitting the command; while of 21 merchants who arrived in 1822, four only survived in 1825, and of 42 women and 67 children that landed with a detachment in October, 1823, there perished in less than 15 months, 29 women and 41 children.

The reader may well exclaim with us—*Eheu! jam satis*. The fact that at certain posts at which the strength was maintained at 1000, there died in one year 1500, seems to surpass credibility. Such a result is unparalleled in any other region of the globe. In Dr. Forry's work on the Climate of the United States, we find it stated that 'the highest mortality presented in the United is at Baton Rouge, which, on an average of six years, gives a ratio of 208 per 1000, and in one year (1822) a ratio of 258 per 1000. In the West Indies, the highest average, on a mean of 20 years, is exhibited at Savannah La Mar, on the coast of Jamaica, being 200 per 1000. At several of the posts along the coast of this island, it has often happened, in a particular year, that a half or a third of the garrison has been swept off by a febrile epidemic.'

The opportunities for the investigation of the causes of remittent fever would seem to be sufficiently abundant on the Western coast of Africa to lead to some decisive results; but notwithstanding the zeal with which this subject has been prosecuted, all are obliged to confess their ignorance and disappointment.

'In every description of situation along the coast has this scourge of Europeans been found to prevail. The low swamps of Gambia, the barren Isles de Loss, the beautifully diversified features of Sierra Leone, the open and park-like territory around Accra, the low jungle-covered hills of Cape Coast Castle, and the rugged mountainous island of Fernando Po, however different in aspect, have all exhibited the same remarkable uniformity in giving birth to the disease.

'So long as the fever continued to make its appearance during the rainy season, excessive moisture was deemed one of the principal causes, but that theory has been abandoned since it has, on three or four occasions, appeared and raged with equal violence in the middle of the dry season. If we attempt to connect it with temperature, the range of the thermometer offers equally contradictory results, the disease having originated and prevailed nearly as often when that was at the minimum as at the maximum. Variations in atmospheric pressure afford no clue whatever to the solution of the difficulty, for here, as in all tropical climates, the fluctuations of the barometer are exceedingly slight. No definite connection has ever been traced between the prevalence of any particular wind and the outbreak of the disease; the breeze blows over the same district in the healthy as in the unhealthy season. Besides, it seems entirely to negative the supposition that any of these can be more, perhaps, than mere accessaries, when we find, from 1830 to 1836, the colony of Sierra Leone remarkably free from fever, without any perceptible change in these respects.'

These fatal febrile diseases have been recently referred by Prof. Daniell, of King's College, London, to sulphuretted hydrogen. In our analysis of his interesting papers, with which we some weeks since presented our readers, we have shown that he has brought to the notice of the Admiralty 'the existence of an extraordinary impregnation with sulphuretted hydrogen of the waters of the ocean, and of the embouchures of rivers along the coast of Africa, through an extent of more than sixteen degrees of latitude.' Two sources have been assigned by the Professor for this excessive impregnation—'first, a submarine volcanic action, in which case the evolution might be considered direct or primary; and secondly, a re-action of vegetable matter upon the saline contents of the water, in which case it would be secondary.' This hypothesis, however, requires further confirmation by actual observation.

One useful lesson, however, is taught by the preceding details, viz. the inexpediency of ever forming, for service in the British Colonies, corps composed of commuted-punishment men.

> 'It is obvious that if such a corps is stationed in a healthy climate, banishment to it can scarcely be looked on as a punishment; but if sent to one exceedingly unhealthy, then the natural evils of climate are aggravated by despair, and that intemperance which despair too generally induces. In addition to the dread of sickness with which the soldier is impressed on his arrival, there is a certainty that, under no circumstances, will he ever be permitted to return to his native land, and the excesses to which this gave rise during the period when mortality was at its height in Western Africa, are stated to have been such as to baffle description, and could only be expected from men absolutely weary of life, and driven by despair to the verge of madness. Setting all restraints at defiance, regardless of the warnings of their medical attendants, or the fate which a similar course of dissipation had accelerated in their comrades, every energy was directed to procuring the means of that intoxication which they vainly looked to as the best resource against care, and in search of which they fearlessly encountered the tropical rays by day, and the chilling dews by night. Punishment was of no avail; that of death itself was derided by men who knew that in such a climate their hours were already numbered; and to corporal punishment they had already become so habituated that it lost it terrors, though it must have been inflicted with no sparing hand, when twelve deaths are recorded from it within a year.
>
> 'Even had their crimes been such as to involve the utmost penalty of the law, banishment to such a climate was obviously far from a commutation of punishment; not a twentieth part of the criminals sentenced to death in the United Kingdom about that period were ever executed, the rest were sent to a climate in which their lives were likely to be prolonged to the utmost limit; but out of the same number of military culprits sent to the coast of Africa, one-half generally died during the first quarter, and the average duration of life among the others did not exceed 15 months. Yet many of the crimes which led them to this coast were by no means of a heinous nature, either in a civil or military point of view, as it too often happened that those who wanted fortitude to bear a present punishment, though comparatively trifling, were glad to exchange it for one deferred, but of the nature of which they were ignorant.'

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, June 18, 1842.

Medical Education.

We cannot well express the high gratification which we have experienced in making the agreeable discovery,—and the more agreeable because it was to us somewhat unexpected,—that there exists amongst the great mass of that portion of the profession whose opinion is worthy of esteem, such a wide-spread and enthusiastic desire for educational reform. We had resolved, even though obliged to stand altogether alone, to contend with unceasing steadfastness for a change in our present system. But our hands are strengthened on every side, and we have no doubt that the great cause to which the *Lancet* is henceforth solemnly pledged, will prosper. It were strange indeed if our profession, which has ever steadily kept pace with intellectual improvement, were in this day of light to lag behind, and with blind pertinacity refuse the adoption of any salutary reform in its system of education, until forced to do so, by the voice of public opinion. Let us at once begin the good work. Let the subject be agitated from Dan to Beersheba. And let every man's genuine and disinterested devotedness to science and the interests of humanity, and his love of country, be tested by the measure of zeal which he displays in effacing 'our reproach,' and elevating the character and dignity and usefulness of our profession, in this land of promise and of mighty interests.

As a specimen of the liberal and enlightened sentiments entertained on this vitally important subject by our brethren, we take the liberty of quoting a few sentences from Dr. Reese's Introductory Lecture, delivered at the Castleton Medical College at the commencement of the session which has just terminated:—

'Indeed, the public mind is becoming so enlightened as to appreciate the importance of sound learning, and regular scientific training in those who presume to be the guardians of the public health, and it cannot be long before the days of quackery will be numbered. Popular education cannot fail to inspire ultimately a contempt for ignorance, and a respect for learning, which will be fatal to the further impostures of pretenders in every department, but especially in the liberal professions. The march of mind in this country, has already created a conviction which is becoming more and more general among our intelligent population, that physicians are *too easily made*,—that the *period of study is too short*,—and especially that *the multiplication of rival colleges*, is tending to lower the standard of professional qualification, by increasing the facilities of obtaining diplomas, owing to an unhallowed ambition to attain numerical superiority over each other, in the extent of their annual graduations. This evidence of public concern upon this important topic is hailed by the best informed men among our teachers and practitioners, as an omen of improvement and reform.

'We cannot forbear to avow our own conviction that *reform in medical education* is desirable and necessary, and we may frankly express the hope that if the profession will not undertake it, under the impulses of duty, the public will ere long demand it. The period of study is too brief for any man to acquire ample qualification in a profession demanding so varied knowledge as ours. The preliminary education and literary training of those destined for our fraternity, should be defined and rendered imperative by law. *Six months* of the year should be employed in each full course of lectures, instead of three or four, as is now universal. Nor are *two* full courses in all the departments, even thus extended, adequate to the thorough training of our pupils.

'By the present terms of requisition, very few students attend more than two sessions of any of our medical colleges, and at each of these, they take a full course. Hence all the departments are simultaneously cultivated at the first course, and often before the student has read a single author on some of the subjects, or even learned the necessary technical terms of the science he is to learn in the lecture room. But he is required to attend two full courses, and he economizes both time and money by taking all the tickets in each of the two sessions, though at the expense of his success in his studies. For though more advanced students are prepared for profiting by so constant and laborious application as a full course of lectures demands, yet universal experience proves that for beginners to undertake so much at once, is rarely useful and never most advantageous.

'To attend medical lectures to the best advantage, attendance upon *three sessions* should in all cases be required. At the first of these, Anatomy, Physiology, and Chemistry should be the only departments pursued, and each of these should be repeated at every session. The next two sessions, the student might be prepared for full courses, by diligent reading and study in the intervals.

'If, however, the term of study were extended a single year, as it ought to be, in that case *four* successive sessions might be improved, and although two full courses might very properly be demanded, yet the two first might be partial. The second year, the student would, by the three courses named for the first year, be prepared to add to these Surgery, and Theory and Practice. The other departments, Materia Medica, Therapeutics, and Midwifery, would then be superadded during the third and fourth session, and the student would be sufficiently advanced to profit by full courses.

'But it is in vain to look for this important revolution in medical education, until some college which has sufficient prominence and repute to sustain itself in the innovation, shall present the example. Upon such colleges the responsibility rests, and yet of the ultimate success of such an effort to elevate the standard of professional qualification, there can be no doubt, for all the colleges in the land would find it both their interest and duty to imitate such a precedent, and then a degree could not be had any where on easier terms.'

In the consciousness that such are the just and liberal views held by many of the best men in the profession, we can follow up the agitation of this great cause, in quite another spirit from that with which we first presented it to our readers. We say to all the friends of educational reform, let us encourage each other,—let us speak out,—let us cease not our efforts till a new and better era dawns upon our profession, in the attainment of a full, complete, and reputable system of medical education. We find that we must, from want of space, defer till next week the details of our plan of educational reform.

Medical Advertising.

For the benefit of those who may desire to follow the illustrious example of our advertising physicians, we publish the following from a London paper, which may serve as an excellent model:—

> '*Benefit Club for the Laboring Classes.*—A club is about to be formed, the conditions of which will be available to the poorest:—an early day will be appointed for the first meeting. Further information on the subject may be obtained by applying (any hour before eleven in the morning) to Dr. Carter, 116 Castle street, Reading.'

The following 'ticket' was issued subsequently to the 'members:'—

> '*Physic for the Million!*—This ticket entitles a subscriber of three shillings per annum, to medicine and attendance. Payments (3d.) monthly.
>
> 'Dr. Carter, 116 Castle street, Reading.'

☞ Our Report of Dr. Swett's Twelfth Lecture is postponed till our next number.

We very cheerfully direct the attention of those 'whom it may concern' to the notice which appears in our advertising columns respecting the sale of a Medical Practice. The advertiser holds out very strong inducements to a purchaser, and from what we know of the matter, we can safely represent his offer as extremely advantageous.

THE MEDICO-CHIRURGICAL REPORTER.

Epidemic Erysipelatous Fever described as occurring at Middlebury in the winters of 1825-6 and 1841-2.

COMMUNICATED BY J. A. ALLEN, M. D.

No. V.

Venesection.—In all cases when there has been exalted vascular action, venesection has been found of the greatest consequence. As soon as the hot stage has been fully formed, in some instances at the onset, the circulatory system has been found in a state of high excitement; and in such, bleeding till a distinct impression was made on the pulse, has been premised. And in those where a local hyperæmia existed, the demand for this operation has become doubly imperative. These positions will be best illustrated by the relation of some cases in which each of these conditions actually existed.

Case 1.—C. N. had been in a feeble state of health—was seized with a severe chill—and visited in the course of an hour after its commencement. Pharynx and tonsils inflamed and swollen—externally, tumid but not erythematous—tongue moist, slightly coated—pulse, one hundred, small—no evidence of internal congestion. Pain in the head and limbs—not intense. Countenance expressive of distress—general restlessness.

M. M. antimonial powder in doses of eight or ten grains was administered once in two hours, and in the interim of time, the diaphoretic beverage freely used. The patient being placed in a favorable situation for the promotion of the cutaneous transpiration, a copious sweat soon broke out, which was continued for twenty-four hours without any other evacuation. At this time he was greatly relieved, but not convalescent. A moderate action of the dermoid system was continued twenty-four hours longer. A saline laxative now completed the cure.

In this instance the disease was obviously arrested at its onset. The means used were efficient and effectual; what would have been less oppressive and burthensome? The recovery was speedy and uninterrupted.

2.—O. S. After several days duration of the premonitory symptoms of the epidemy, such as inflammation of the pharynx, &c., was suddenly seized with a hard chill, dyspnœa, tension, and pain across the chest, to such a degree that he could not lie down, or refrain from loud groans at each respiration. The extremities were cold, the countenance ghastly, and the pulse fluttering to the amount of one hundred and thirty beats per minute, small and slightly tense. By auscultation no respiratory murmur could be detected only at the upper portion of each lung—here the rhonchus was distinctly puerile. By phlebotomy, at least, sixteen ounces of blood were drawn. The pulse became less rapid and tense—the breathing easier; and he was able to endure a recumbent posture. Stimulating epithems were kept on the chest, and the measures already mentioned adopted. On the seventh day convalescence ensued.

3.—In the case of Mrs. A., on the fourth day after the ordinary disease of the throat, and erysipelatous affection of the face, a metastasis to the bowels ensued. The pulse rose from ninety to one hundred and thirty-six per minute —small, hard—abdomen tense, extremely painful and sensitive. Twelve or fourteen ounces of blood were immediately drawn, anodyne fomentations applied to the bowels, and the usual means used to promote perspiration.—The symptoms were meliorated, but in twenty-four hours they again became more aggravated. The loss of ten or twelve ounces more of blood obviated the difficulty. Oil ricini was used to excite the daily action of the first passages. Convalescence became established on the eighth day from the attack.

4.—Mrs. B., of a slender habit, on the fourth day of the disease, had repercussion from the throat to the brain and face. She experienced what she termed 'faintness at the stomach'—thought she required food; face erythematic, head oppressed, dull and heavy, not easily aroused, and then apparently only half conscious, tongue coated, dry, preternaturally hot—not intense—pulse one hundred and forty, contracted, wiry. Sixteen ounces of blood were taken, when the pulse softened and became fuller. All the symptoms were mitigated—on the second, third, and fourth days after, the same train of vascular excitement and local hyperæmia recurred, and at each time venesection subdued them. The face, whole scalp, and neck, became successively covered with erysipelatous tumefaction and inflammation. Alvine motions were daily produced by the use of calomel—and the cutaneous transpiration promoted by the use of antimonial powders, and the morbid sensibility allayed by the use of morphine. Convalescence was established on the ninth day of the complaint. Desquamation of the cuticle ensued over the head, face, and neck.

The second case, under ordinary circumstances, when no epidemic of a specific character was prevailing, might have been regarded as simple pneumonia with an engorgement of the lungs to a considerable extent, but occurring as it did with the same premonitory and incipient characteristics that distinct cases of erysipelas, with which it was every where surrounded, assumed, a doubt can hardly remain that its specific character was erysipelatous. This conclusion was more confirmed by the fact that at about the same time one or two more cases which were obviously erysipelatous, in the immediate vicinity, proved mortal on account of the local affection having occurred in the lungs. It probably ought not to pass unnoticed, that on account of some constitutional habit, the frequency of the pulse in the fourth case was not so portentous of evil as it would have been in ordinary instances. In health this person's pulse usually numbered eighty, and a slight indisposition commonly much augments its frequency.

These cases are not brought forward as subjects of imitation without cautious scrutiny, but, with a view to present in their true light, two important remedial measures, when properly adapted to existing exigences. Blood-letting in those instances of hyperæmia of any of the internal organs, especially when the disease is of an erysipelatous character, cannot be too highly prized. In the meantime, it cannot be too strongly impressed on the mind that congestion may take place from atonia as well as hyperæmia, and that in the former stimulation is as urgently demanded as depletion in the latter. Instances in which blood-letting has been indicated, compared with the many in which it has been neither required nor practised during the epidemy, have been few. And yet it is an obvious fact that some cases have been saved by venesection, without which death must have been the inevitable result.

Dr. Schedelin Tweedie's Medical Library on the treatment of Erysipelas, makes the subjoined excellent practical remarks :—'Should the disorder be severe,' he remarks, 'blood-letting, local and general, emetics, purgatives, and antimonials, must be employed as circumstances require, due regard being paid to the powers of the patient, and to the prevailing epidemic constitution. In general terms, bleeding to be serviceable, must be practised boldly. In young and vigorous persons, affected with severe erysipelas of the face, venesection, and the application of from twenty to thirty leeches behind each ear, commonly produces the best effects; in cases of less severity the bleeding may be dispensed with, and emetics, aperients, and saline antimonial medicines employed.'

Emetics.—These, on account of the impression they make on the system, the tendency they have to prevent in their forming stage, and to remove, when present, pulmonary congestions, have been found useful; especially in this latter class of affections. They are poorly adapted to remove engorgements of the brain.

In my hands those emetics have proved most useful into whose composition some of the acrid vegetable emetic articles entered,—as senega, sanguinaria, &c. in combination with emetic tartar and ipecacuanha, varied as the pathological condition of the patient appeared to require. In the incipient period of the disease an emetic has occasionally greatly promoted the desired diaphoresis.

Local Measures.—Local applications may be regarded of a secondary consideration. Timely applied and properly adapted, they have their use. Stimulating applications, as capsicum, &c., while there is either local or systematic entonic vascular action, cannot be productive of beneficial results. These, at this period, are better calculated to augment than to diminish the local affection; also the more harmless class, as the farinacea. The whiting-paint of Dr. Mott, the unguentum of Drs. Dean and Little, or the lard of Mr. Brande, is of little consequence.

To allay morbid sensibility and mitigate in some degree the erysipelatous inflammation, anodyne fomentations have been proved serviceable,—as acqueous solutions of opium, digitalis, conium, &c. Acetate of ammonia, acetate of potash, nitrate of silver, &c. in suitably dilute solutions applied to the affected surface have proved beneficial; and so have mucilaginous applications, and even pure water, warm. Mr. Abernethy's favorite application was the pulp of soft bread poultice, which he considered better adapted than any other 'to soothe the parts affected, and to abate their inordinate action.' For the same object unguentum stramonii has been successfully applied.

In the atonic state of the system, stimulants become useful. Epispatics may now be advantageously applied in the vicinity of the local complaint, or on the surface over an internal organ. In my hands, neither the application of an epispatic, nor the eschar made by the pencilling of nitrate of silver, as advised by Higginbotton, has proved of that essential service in stopping the progressive migration of the local affection I had anticipated. In some instances these applications were of service; in others of no use. The aqueous solution of the nitrate of silver, used to keep the affected part constantly moistened, served to mitigate the pain and irritation. The strength of this solution varying from one to two grains of the nitrate to one ounce of water.

To remove the engorgement of the capillaries, while in a state of atony, after the violence of the disease has been abated, alcoholic solution of iodine, as proposed by Mr. Davies, has been found of service. A better composition for external use than that use by Mr. Davies is to make an alcoholic soap liniment, and add from six to ten grains of iodine to each ounce.

Local blood-letting as advised by Mr. Dobson, by means of punctures, or the still more surgical treatment recommended by Mr. Copland Hutchinson, and Mr. Travers, by incisions, has not in this vicinity been used to my knowledge. In diseases of a constitutional and epidemic character, as ours mostly have been, these local means could not have proved very beneficial any further than the hæmorrhage might have proved useful by unloading the surcharged capillaries of the part incised; or if performed as advised by Mr. Lawrence by carrying the incisions through the fascia, when the parts beneath it were implicated, and severe pain induced from the distension,—this measure has undoubtedly proved serviceable by the removal of one source of the pain. These chirurgical measures may prove salutary in local affections, but it is evident no great reliance can be placed on them when the whole system is primarily affected.

Dr. Gregory, in his practice of physic, has, in my apprehension, recommended a course of procedure more reprehensible than the preceding. 'Keeping in view, the varied circumstances of situation, age, and constitution,' he remarks, 'it does not appear that any important difference of principle is to be established between the treatment of erysipelatous, and of common phlegmonous inflammation.' The same antiphlogistic and repellent means used in the former, that are universally adopted, in the latter, must endanger the patient; especially, if the erysipelatous affection be on the surface, by the production of a metastasis to some vital or important organ. This liability to repercussion makes an essential difference in these two affections, of which every practitioner ought to be aware, otherwise he will be liable to put the life of his patient in an unnecessary jeopardy. Dr. Mott has seen fatal results from the practice censured. None has fallen under my observation.

It may be asked what shall be done when the local erysipelatous affection, the face, for instance, is intensely hot, much swollen, and painful. To mitigate this, experience has convinced me that tepid evaporating lotions, of nitrate of silver or camphorated spirit and water, are at least equally efficient in diminishing the heat and pains, and at the same time free from the danger of cold applications.

To be sure, cold applications may sometimes be used in these cases without fatal results, but this is an exception to the general rule. This appears to have been the fact in the cases which occurred in the Alms-house Infirmary at Baltimore, as reported by Dr. T. H. Wright in the fourth volume of the American Journal of Medical Sciences. His cold application consisted of aqueous solution of the hydro-chlorate of ammonia and spirit of camphor.

In addition to what I have already said in this paper, in relation to the important subject under consideration, I have much more which I should be pleased to communicate, but this will suffice for the present. If any dissent from me in opinion, it may be recollected that *my object is to propose to, not to impose upon their judgment.* The candid and liberal will estimate according to their experience.

Middlebury, May 16, 1842.

Moveable Calculus, the Size of a Pistol-Bullet, traversing the Trachea and Bronchia.

A very curious case of this kind occurred in the practice of Mr. Ewart, Surgeon, of Alston, the particulars of which are as follow:—A young man, 29 years of age, had followed the occupation of a miner for eleven years, during the first nine of which, he enjoyed as good health as miners, of his standing, generally do. They are almost all affected with shortness of breath and mucous expectoration loaded with dust. About two years ago this man became affected with more decided fits of dyspnœa, attended sometimes with pain in the left side of the chest. These symptoms gradually increased in severity, especially the pain, which he assigned to a spot apparently corresponding to that part of the left bronchus situated below the arch of the aorta. This pain was aggravated by lying on the left side, or bending the body to the left. He had also fits of palpitation, and a sense of imminent suffocation, produced, as he alleged, by something rising in the lower part of the trachea, and obstructing the entrance of the air into the lungs. He continued, however, to follow his employment till the summer of 1841, when he was seized with acute rheumatism, the thoracic symptoms still continuing unmitigated. The rheumatic fever was subdued by the usual means, after which the stethoscope detected consolidation of the upper portion of the left lung. In the beginning of October last, he was induced, one evening, to take an emetic, which operated severely. Next morning he was seized with a violent fit of coughing, which continued, until he brought up, with suffocating effort, a round ball through the rima glottidis. On examination, it was found to be a globular ball of stone, the size of a pistol-bullet, enclosed in a kind of membranous investment of inspissated mucus. It was found, when sawn into, to be composed principally of sand, and is of very compact texture.

The probability is that this stone was gradually formed by the progressive agglutination of sandy particles, while the man was, during five years, mining in a stratum of similar composition to that ejected from the lungs, and breathing an air containing silicious dust, and stagnant at the same time.

After the expulsion of the stone, the man was no longer troubled with palpitation, dyspnœa, or inability to lie on the left side. He felt a soreness, however, in that side, and a sensation which he could not well describe, in the spot originally alluded to. For a short time, his health was much improved. But latterly he is evidently declining, from tuberculous deposits in the lungs, to which he is hereditarily predisposed, and there is no doubt but that he is in an early stage of phthisis.—*Med. Chir. Rev.*

Mr. Fergusson on the Circular and Flap Operations.

We all know how incontinently some surgeons laud the flap amputation, and how they affect to look down on the circular, while their pupils, taught *jurare in verba magistri*, follow open-mouthed and in full cry upon the same scent. But sober-minded people are not caught by clamor, and quietly judge for themselves. Such a person is Mr. Fergusson, acknowledged to be a highly dexterous operator. We quote from one of his Clinical Lectures.

Mr. Fergusson said that he had removed the limb by what was usually called the double-flap operation; and his chief reason for selecting this method was, that he was more in the habit of performing the flap operation than the circular. Many surgeons were in the constant practice of performing the latter method in this part of the body as well as in others. Some had imagined that in consequence of the flat shape of the fore-arm, and the soft parts being chiefly in front and behind, it was particularly advisable to make the stump of flaps. He thought the choice of methods of less moment than many appeared to do. He thought that if a circular operation were properly performed, as good a stump might be produced as by the most adroit performance of the flap. Though he considered himself an advocate of the flap operation in general, he did not, in consequence, condemn the circular. He was of opinion, that the question of superiority had never in this country been fairly tested, for the advocates on either side were in the custom of confining themselves to the performance of only one kind of operation, and therefore, from their own experience, could not give an unprejudiced verdict. He did not admit that a person who invariably amputated with a flap could give such a decision, nor could it be expected from him who only followed the circular method. He should deem that opinion to be most entitled to consideration, which was given by a party who had operated an equal number of times, say fifty of each, by the two methods.—*London Lancet.*

M. Dubois on the Signs of Pregnancy.

Auscultatory Signs.—The uterine souffle is usually perceptible about the fourteenth or fifteenth week of pregnancy : the period at which it may be first heard, being, no doubt, dependent upon the amount of development of the uterus and its elevation above the os pubis. The point at which it is most frequently audible is towards the middle of the heighth of the uterus on its anterior or lateral (generally the left side) part. In this respect M. Dubois differs from M. Naegele, who states that the common situation of the uterine blowing sound is in one of the inguinal regions, extending thence upwards. In most cases, the space over which it may be heard is limited to a circle of two or three inches in circumference. A curious circumstance connected with this sound is the occasional changeableness of its situation ; on one day it is inaudible at a spot where it had been distinctly heard the day before, and *vice versâ.*

Obstetrical auscultators should be aware of this fact ; else they will be apt to be perplexed in some cases. We may mention likewise that the uterine souffle varies much at different times in its loudness and distinctness, being one day scarcely audible, and on the next, perhaps, very distinct.

That the development of this sound is somehow dependent upon the circulation of the blood through the uterus, appears from the fact that it is always much enfeebled, or even altogether suspended, by the contractions of the organ during parturition—a fact which abundantly proves that the sound cannot proceed from the pressure of the gravid uterus on the iliac arteries, as some writers have alleged. The striking resemblance of the uterine bruit to that perceived in erectile tumors, and in aneurismal varices, confirms the above opinion. M. Dubois objects to the appellation of placentary or utero-placentary being applied to this blowing sound, for the reason that although its locality most frequently corresponds with the attachment of the placenta, it continues to be audible for some time after the expulsion of this body, and in other cases after the death of the fœtus.

The other sound, that of the fœtal heart, is a still more decisive sign of pregnancy : the number of the pulsations varies, according to the experience of M. Dubois, from 135 to 150. This tictac sound is usually most distinctly perceived on the anterior part of the abdomen somewhat to the left side : it is rarely audible before the completion of four, or four and a half, months of pregnancy.

Changes in the Cervix Uteri.—It has been asserted by some obstetrical writers, that the diminution in the length of the cervix is gradual and regularly progressive during pregnancy ; thus, that by the end of the fourth month, it has lost about one-third of its length ; by the end of the fifth month, one-half; by the end of the sixth, three-fourths ; and by the end of the eighth, it is not more than about two lines long. It must not, however, be imagined that in all cases this diminution of the neck of the womb is so uniform as to enable the accoucheur to predict the period of pregnancy.

M. Dubois mentions a case in which he had an opportunity of examining the uterus in a woman who died in the eighth month, and in whom the cervix uteri was found to be as long as it usually is during the first months ; and he cites another instance where a woman stated that she was near the period of her confinement, but her accoucheur, finding that the cervix uteri was not at all shortened, expressed his disbelief that such could be the case ; the result, however, soon proved the accuracy of his opinion.

In many cases, the outline of the distended uterus may be felt through the abdominal parietes : this examination is always best made when the woman is in bed and early in the morning before food is taken : if the bladder and bowels have previously been emptied, the examination will be more easy and satisfactory.

M. Dubois cites two or three curious cases, in which the pains of seeming labor came on with all the other usual accompaniments at the time expected by the woman, although it afterwards proved that she was not even pregnant.—*Gazette des Hôpitaux.*

THE COLLATERAL SCIENCES.

New Theory of Tinea ; its supposed Vegetable Origin.

A few years ago a young Hungarian physician, M. Gruby, announced, as the result of an extensive series of microscopical observations, that the cutaneous disease, known by the name of tinea or favus, is owing to the development and growth in the skin of cryptogamous plants of the genus fungus, which he has called micoderme. He tells us that they exhibit the aspect and form of such vegetable productions from their earliest appearance to their complete maturity, at which stage, if divided and examined with a magnifying-glass of two or three hundred powers, he has distinctly recognized the fruits or sporules in the interior of their cavities, as we observe to be the case in other fungi. He is of opinion that the disease is propagated by these seeds. This novel idea of the etiology of the disease has excited much attention among the French dermatologists ; and it is but just to M. Gruby to acknowledge that the researches, which have hitherto been made on the subject at the St. Louis Hospital in Paris, have tended to confirm the accuracy of his statements.

The treatment, naturally suggested by this theory of the disease, is that of applying caustics or whatever is calculated to destroy the vegetable substance.

M. Devergie has, during the last year, been giving an extensive trial to a solution of the acid nitrate of mercury (of the French codex) : the spots become at first of a reddish yellow color, and subsequently black after the application.

M. Emery, of the same hospital, is in the habit of employing a strong solution of iodine for the same purpose, and it has appeared to answer extremely well.

In another article in the same journal, Dr. Petel recommends an epilatory ointment ; as, in his own opinion, the only prospect of effecting a rapid cure depends upon extracting the hairs from the diseased spots. This gentleman's experience, however, cannot well be trusted to ; as he tells us that tinea is never present where the hairs have fallen out, and that the method which nature follows is always by the removal of the hair. He tells us, too, that all internal and external remedies are of little or no use until the hairs are extracted, or fall out spontaneously. It would seem, from what he says, that the empirics, MM. Mahon, have more success in the cure of the disease than any of the regular practitioners in Paris : their plan consists in applying, first, a strong lixirial soap to the head, and then an epilatory plaster, which, when removed, draws the hairs off with it.

Dr. Pelet recommends the following formula for an epilatory ointment and powder :—

Take of Soda (of commerce)........	60	parts.
Slaked lime.................	4	"
Lard....................	120	"

Mix together.

Take of Quicklime..............	120	parts.
Powdered charcoal.........	8	"

Mix together.

After cutting the hair very short, the crusts are to be detached by applying linseed poultices to the scalp, and washing it repeatedly with soap and water. After several days' use of these means, all the affected parts are then to be rubbed with the ointment : this is to be repeated daily. The swelling and redness of the scalp gradually subside, but without ever ceasing entirely. The pustules, the successive reproduction of which keeps up the disease, become more rare and appear only at long intervals. To effect this change, from two to three or four months are often required. When this is the case, a pinch of the powder is to be sprinkled among the hair every second day or so. The hair becomes gradually loosened, so that it can be easily detached with the fingers or with a forceps, without causing pain. When the affected parts are rendered quite bald, the treatment is nearly at an end; all that is necessary is to anoint the head with a small portion of the ointment every two or three days, and to keep it exceedingly clean.—*Bulletin de Therapeutique.*

Whether M. Gruby's announcement of the vegetable origin of tinea be correct, remains to be proved; the question, we hope, will be attentively examined by some good microscopic observer. The notion, that not a few diseases may be owing to the development of animal or vegetable germs in the body, appears to us to be not at all improbable. The subject of the generation of entozia is certainly a very curious one; but as yet we are at the very threshold of the inquiry.

ITEMS AND INTELLIGENCE.

Closure of Druggists' Stores on the Sabbath.

TO THE EDITOR OF THE LANCET.

Sir:—

I desire, through your valuable periodical, to call the attention of the apothecaries in this city to the subject of closing their stores on the Sabbath during the hours of Divine worship—during the morning, afternoon, and evening services. Entertaining no doubt of the perfect practicability of the measure, and being personally interested in its general adoption, I take the liberty of offering a few thoughts for the consideration of both apothecaries and physicians.

It is well known that there is no occupation more confining, and that requires a larger amount of time for the discharge of its various duties, than that of the apothecary. This must be so from the nature of his employment—that of dispensing medicines at all hours of the day and night. While in most other pursuits the period allotted for repose is undisturbed, this occupation renders those engaged in it liable to be aroused from their slumbers at any period of the night, to supply the invalid with the remedies prescribed for his malady.

I know of nothing more reasonable and proper than that this portion of the community should be relieved on the Sabbath during the periods devoted to religious worship, that they in common with their fellow citizens may enjoy the important privilege of statedly visiting the sanctuary of the Most High. Such an arrangement might readily be effected without the least detriment to the invalid, who might supply himself with the appropriate remedies in the intervals of public worship, had he neglected to do so on the Saturday previous. In cases of great urgency demanding the immediate administration of remedies, (which comparatively but seldom occur,) they could readily be obtained, were the attending physician to direct the messenger to first visit the church regularly attended by the druggist. The practice which now so frequently obtains of frequenting drug stores on the Sabbath to procure simple remedies, which might as well have been obtained on the previous day, is altogether unnecessary; and its continuance is to be attributed in a great degree, if not wholly, to the existing custom of keeping open doors on that day. Were it generally understood by the citizens that no medicines were dispensed by the apothecary on this day, except in urgent cases, the present objectionable practice would soon be abandoned.

That an object so desirable may be accomplished, it is important that the medical profession exert their influence in its behalf, by writing no prescriptions on the Sabbath, unless from the violence of the malady it becomes absolutely necessary. Ordinarily the physician might embrace in his Saturday prescriptions an amount of medicine sufficient to supply the patient till the following Monday. It will at once be perceived that the co-operation of the medical profession becomes necessary in order to effect the desired object with but little trouble to the apothecary; for if physicians continue to write prescriptions on the Sabbath on trivial occasions, those druggists receiving the recipes of such physicians will deem it expedient to be in a state of preparation to receive those also written on this day. Hence the importance of the co-operation of the medical profession.

On looking over one of the city papers, I perceive that this plan, to a greater extent than I propose, has been put into practical operation by the apothecaries of Providence, as will be seen by the following remarks by the editor:—'The apothecaries of Providence, R. I., have resolved to close their stores at 10½ o'clock on Sundays, when the bells ring for church, and not to open them again during the day.' As far as my own acquaintance extends, the above resolution is practically adopted throughout the country. And if the physical condition of the millions inhabiting the country does not require the repositories of medicine to be kept open on Sundays, for what reason does the condition of the thousands occupying cities require the medicines of the apothecary to be accessible during the whole Sabbath?

In conclusion, Mr. Editor, I would suggest that a public meeting of apothecaries and physicians be called for the purpose of taking this matter into consideration.

Yours, respectfully,

Apothecary.

New York, June 6, 1842.

[We doubt whether it would be advisable or practicable to comply with the suggestions of this correspondent, whose communication is however entitled to all respect. There are many emergencies, of frequent occurrence, for which no provision beforehand could be made, and which render it expedient to have the drug-stores kept open on the Sabbath. The proprietors of these stores should, however, make suitable arrangements for permitting those in their employ to attend Divine service, and also allow them some leisure on the sacred day. And assuredly some mark of deserved reprobation should be affixed to those apothecaries whose stores are turned into confectioner's shops on the Sabbath.—Ed. L.]

Excision of Part of the Scrotum.

TO THE EDITOR OF THE LANCET.

Mr. Editor:—

On Saturday, the 11th inst., at the New York Hospital, I witnessed an operation by Dr. J. Kearny Rodgers, for the excision of a portion of the scrotum. For the purpose of making a practical suggestion on the mode of operation, let me state the one there adopted. The portion intended to be excised, was grasped by a polypus forceps, in the direction and just above the line of the intended excision. Above the instrument were passed at equal distances, three or four ligatures, intended to bring the wound together after excision, which was performed by cutting with a knife parallel to the forceps. The forceps being now removed, both testes descended through the wound into the open world, supported only by the cords and defended only by their tunics. The handling of the denuded organs, necessary to place them in their intended situation, subjects the patient to great and unnecessary suffering, and from the difficulty of retaining them, the surgeon is necessarily embarrassed in the closing of the wound. To remedy these objections, and prevent admission of blood into the cavity of the scrotum, is my design in the following suggestion.

Let the scrotum be grasped as described above. Superior to the forceps, pass needles armed each with three ligatures, at points four or five lines distant. Two of these three ligatures should now be tied over a quill, on each side of the scrotum, after the fashion of the 'quill suture.' By this method, the testes are perfectly retained in their position, and the free ligatures left to secure the proper coaptation of the excised surfaces. When this is done, the quills may be removed by dividing the ligatures by scissors.

B. H. T.

Assistant Surgeons.

Navy Department, June 11, 1842.

The Board of Naval Surgeons which convened at Philadelphia on the 4th of April, and adjourned on the 6th inst., have reported their proceedings to the Department. The following named gentlemen were examined and found qualified to discharge the duties of Assistant Surgeons in the Navy, and classed according to their relative merits as follows:—No. 1, William S. Bishop, of Pennsylvania; No. 2, Samuel M. Edgar, of Tennessee; No. 3, Joseph Wilson, Jr., of Pennsylvania; No. 4, Charles Eversfield, of Maryland; No. 5, Elisha E. Kane, of Pennsylvania; No. 6, Edward Hudson, of Pennsylvania; No. 7, Richard McSherry, of Maryland; No. 8, William P. Canning, of Massachusetts; No. 9, Ephraim J. Bee, of New Jersey; No. 10, Joseph L. Burtt, of Ohio; No. 11, John T. Bartow, of Georgia; No. 12, Afred Holt, of Georgia; No. 13, James Hamilton, of Maryland; No. 14, Charles H. Oakley, of New York; No. 15, Reuben N. Baer, of Pennsylvania. Assistant Surgeon Richard W. Leecock was examined and found qualified for promotion.

First Introduction of Syphilis into Scotland.

At the Medico-Chirurgical Society of Edinburgh, Professor Simpson read a communication relative to the history of the first introduction and diffusion of syphilis in Scotland at the end of the fifteenth century. He cited official edicts of the Aberdeen magistrates, and of the king's privy council respecting the new 'infirmitez,'—issued during the currency of 1497, with various casual notices of the distemper from the contemporaneous writings of Dunbar, Lyndsay, Inglis, &c. In these early times the disease passed in Scotland under the various names of grand gore, gorre, pockis, spanie pockis, French infirmitez, &c. Dr. S. alluded to an entry in 1502-3 in the privy purse expense book of Elizabeth, Queen of Henry VII., as containing the earliest notice of the disease in England, that he had been able to meet with. The first Scottish edicts were made with a view of arresting the progress of the disease, and ordained the application of a hot key of iron to the cheek, as the punishment of those who infringed their regulations. The Aberdeen edict was dated only four years and a month after the return of Columbus from his first voyage to Hispaniola. This edict was remarkable as being founded on the idea that the new malady disseminated itself by impure sexual intercourse—while, as is well known, it was not for several years afterwards, that this opinion of its mode of propagation, was adopted by the medical men and authors of these times. The Edinburgh regulations pre-supposed the disease to be communicable even by the persons that took the cure upon them, though these persons were themselves uninfected. Lastly, Dr. S. proceeded to show from the old data which he had adduced, that syphilis was new to this part of Europe, at the date of the edicts, that it was hence different on the one hand from gonorrhœa, and on the other from the leprosy of the middle ages—both of which affections were well known in this country, before the era in question.—*Lond. and Edinb. Monthly Jour. Med. Science.*

Books, &c. Received.

A Discourse: delivered upon the opening of the New Hall of the New York Lyceum of Natural History. By John W. Francis, M. D., Member of the Wernerien Natural History Society of Edinburgh, &c. &c. (From Dr. M. Goldsmith.)

The Medical Intelligencer and Quarterly Advertiser. No. I. Lea & Blanchard, Philadelphia.

Five Minutes' Advice on the Teeth; or the Family Guide to the Preservation of the Teeth. By Dr. A. Johnson, Surgeon Dentist, Bond street, New York.

To Correspondents.

'J. S.' We noticed the anonymous 'advertisement' in the *Courier & Enquirer.* To the harmless effusions of the creatures of such veracious and reputable individuals as those referred to, we have uniformly the same answer—that of good Mr. Burchell in the Vicar of Wakefield—'Fudge! fudge!'

Dr. Blackman's article, with a number of others, will be duly attended to.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending June 11, 1842.

21 Men, 32 Women, 31 Boys, 32 Girls. Total, 116.

DISEASES.

Apoplexy	3	Intemperance	1
Asthma	0	Inflammation	0
Asphyxia	0	Of liver	0
Abscess	0	Of bladder	0
Aneurism	0	Of brain	7
Bleeding	0	Of stomach	0
Bleeding from stomach	0	Of chest	3
Bleeding from lungs	0	Of lungs	4
Burned or scalded	0	Of bowels	3
Casualties	0	Of heart	0
Cholera infantum	0	Of kidneys	0
Cholera morbus	2	Insanity	1
Cancer	0	Jaundice	0
Consumption	21	Killed or murdered	0
Convulsions	7	Lues Venera	0
Croup or hives	2	Mortification	0
Debility	0	Malformation	1
Delirium tremens	2	Marasmus	5
Diabetes	0	Measles	0
Diarrhœa	0	Old age	1
Death from poison	0	Organic disease of heart	4
Dropsy	5	Palsy	4
Dropsy in head	8	Rupture	0
Dropsy in the chest	2	Rheumatism	0
Drowned	2	Spinal disease	1
Dysentery	2	Suicide	1
Erysipelas	2	Sprue	0
Epilepsy	0	Small-pox	3
Fever	0	Scrofula	1
Scarlet	10	Teething	1
Typhoid	8	Tumor	0
Puerperal	1	Unknown	1
Remittent	1	Ulceration of throat	0
Bilious	0	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	1	Whooping cough	1
Fracture	0	Worms	0

AGES.

Of 1 year and under, 22; between 1 and 2, 11; 2 and 5, 16; 5 and 10, 6; 10 and 20, 12; 20 and 30, 19; 30 and 40, 15; 40 and 50, 6; 50 and 60, 5; 60 and 70, 2; 70 and 80, 1; 80 and 90, 0; 90 and 100, 1; 100 and upwards, 0; unknown, 0.

William A. Walters, City Inspector.

City Inspector's Office, June 11, 1842.

THE

NEW YORK LANCET.

Vol. I. NEW YORK, SATURDAY, JUNE 25, 1842. No. 26.

LECTURES.

A COURSE OF LECTURES
ON
Diseases of the Chest, Percussion, and Auscultation.

BY

JOHN A. SWETT, M. D.

Delivered at the College of Physicians and Surgeons New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture XII.

Bronchitis—Acute and Chronic—Pathological Characters—Symptoms—Rational and Physical Signs—Causes of Chronic Bronchitis—Treatment of both forms of the disease.

GENTLEMEN:—

The air passages are, you know, lined by a white, soft, delicate mucous membrane, which adheres very closely to the subjacent tissue. This membrane is very frequently subject to inflammation; and the disease receives different names according to the particular portion of the membrane which is affected. Thus we have laryngitis—trachitis—bronchitis. It is only when the inflammation affects the air vessels that it is called pneumonia. The subject of the present lecture will be bronchitis, which presents itself in two distinct forms—the acute and the chronic. As a general rule, you do not, on making an examination in these cases, find very strongly marked evidences of inflammation. In some cases bronchitis is partial, in others universal. The evidences of inflammatory action which are presented in this disease are these:—first, more or less redness of the membrane itself, sometimes spread over a continuous surface, but most frequently appearing in the form of bright red spots, some being of considerable size and others quite minute specks; and again it occasionally presents itself in the form of lines, either in the mucous coat itself or the subjacent tissue, and of a bright vermilion color. The mucous membrane itself is usually not altered in these cases. It is sometimes a little softer than natural. This inflammation seldom or never terminates in ulceration; and when it does, you are always led to suspect the existence of some other disease, and is probably in most instances connected with tubercles in the lungs, and is occasioned by them. Dr. Williams, of London, who has, you know, written a valuable work on this subject, thinks that the inhalation of certain metallic substances will produce ulceration of the bronchial membrane. But in this country, and particularly in this region of it, we have not many opportunities of testing, by our own observation, the accuracy of this opinion. In addition to the redness which I have just described, there is a more or less copious effusion of mucus into the bronchial tubes, the consistence and opacity of which varies in different cases, and which is usually very much ærated. Sometimes this effusion is so copious that the lungs do not collapse, owing to the difficulty of the escape of the air.

In the chronic form of the disease, we have usually very much the same appearances as those just described as characterizing acute bronchitis. It is true that the bright redness has changed into a livid brown or violet colored hue. But this is not a very important change. We have also more softening or thickening of the membrane than in the acute form, though it is not at all uncommon to find little of either. Sometimes, in truth, the mucous membrane is found in cases of chronic bronchitis remarkably pale—entirely free from increased vascularity or any organic change, and that too in cases where the patients have expectorated large quantities of purulent fluid for a long time before death. Chronic bronchitis may, it is important to add, lead to a contraction or obliteration of the tubes, and to a partial atrophy of that portion of the lung supplied by the tubes so obliterated. Sometimes this change is produced by simple thickening of the membranes and subjacent tissues in a particular spot—very much resembling the change produced in the urethra when inflammation exists there which leads to the obliteration of the canal. This lesion is more frequently noticed in the bronchial tubes of considerable size than in those of smaller dimensions. You can recognize an atrophied tube by the following appearances:—first, it is much lighter and more rare in its general aspect, it has less density than natural; sometimes it appears as if the tube thus affected were larger than in a state of health, but this is more apparent than real, and is produced by the breaking down into one of a number of small vesicles, and giving the part a cellular aspect similar to that of the lungs of some of the amphibious animals—the frog, for instance. Again, in the smaller bronchial tubes we frequently find that obliteration has taken place, and sometimes from adhesion of the opposite surfaces, for I believe I have already remarked that the bronchial inflammation gradually changes its nature and becomes more and more serous in its properties, of which the fact, to which I have just alluded, is, amongst others, a proof. The obliteration is sometimes effected by the blocking up of the cavities of the tubes by coagulable lymph, and it is said that tuberculous matter occasionally produces the same result. Carswell—an excellent pathologist—considers that this is the usual result of the deposite of tuberculous matter in the first instance; but I regard this as a mistake. Another change noticed is the very reverse of contraction, that is, dilatation of the bronchi. It is a very important subject, because, in this country this is by no means an uncommon affection, and is not, I believe, recognized by the majority of practitioners. This state of things exists in three forms—sometimes we find the tubes dilated throughout their whole course, starting from a particular point we find them three or four times, or even more than that, larger than natural. This may be universal, or it may be confined to one tube or a portion of it. Again, we may find a tube dilated in one portion, and afterwards returning to its natural dimensions. This is partial dilatation of a particular tube. Again, in children we find a form of dilatation remarkably acute in its character, occurring in connection with hooping-cough; it consists in a series of alternate dilatations and contractions, which give to the tube so affected a fusiform character. This dilatation of the bronchi is always connected with inflammation of the mucous membrane, but it is difficult to say whether following or succeeding the dilatation. In such cases you find the membrane intensely red and much softened. These are the principal changes which take place in the lungs in connection with chronic bronchitis.

Now to return to the subject of acute bronchitis. This is a disease of very frequent occurrence. Almost every one has had it so often that it is perhaps not necessary to enter very minutely on its history. Its causes are also very well known. The great exciting causes are vicissitudes of the weather. Most persons know, from their own experience, that if after being in a hot apartment they expose themselves to the cold air without being protected by appropriate clothing, they are very apt to contract what is called 'a common cold'—which is nothing more nor less than an attack of acute bronchitis.

A person on being first affected with this disease, complains of more or less lassitude, chilliness, loss of appetite, sense of pain and stuffing about the nose and frontal sinuses; for the inflammation, when it pursues its regular course, always begins here and travels downward, the disease being migratory in its progress. After these symptoms have been present for twenty-four hours or more, the throat is affected—the voice becomes hoarse: about this time, or perhaps sooner, the patient begins to suffer from a dry, sonorous, ringing cough, accompanied by a sensation of soreness along the centre of the sternum, sometimes at the bottom, but most frequently along its whole course, which is aggravated by the coughing and occasionally accompanied by a pricking, stinging sensation. It is remarkable that this sensation of soreness should exist here and not in other parts of the chest, and the explanation of the fact is not very easy, for you will see by and by that the posterior portion of the lungs is more affected than the anterior, where this disagreeable and painful feeling exists. About the period when the cough commences, the patient complains of more or less shortness of breath—febrile excitement—loss of appetite—indisposition for exertion, though in most cases the patient does not at this stage of the disease feel obliged to confine himself to bed. The pulse is slightly accelerated, there is some increase in the heat of the skin, and usually about the fourth day the expectoration commences.

Now if you examine the chest of a patient in the early period of this disease, you will, in the first place find perfect resonance on percussion. You will also find on applying the ear to the chest, that the respiration is unchanged, that is to say, you have the murmur, though not pure, but mingled with another sound which I shall presently describe. You hear the 'dry ronchi' taking place from partial obliteration of these tubes, owing no doubt, in many cases, to spasmodic contraction produced by irritation. It is the passage of the air through these contracted portions that give rise to the sibilant ronchi in the smaller, and the sonorous ronchi in the larger tubes. Where then do you hear the sounds? In one portion of the lung and no other, that is, about the posterior and inferior portions of the chest on both sides. If the inflammation be intense these sounds may travel higher up, and you may have them more diffused; but in all cases they are most strongly marked in the situation I have mentioned. In many cases of acute bronchitis, where the inflammation is mild in its character, these sounds are not developed at all, or in a very slight degree. If, for instance, the patients can call at your office, or are able to go to a Dispensary, it is rare that you will find these sounds strongly developed; but in hospitals or private practise, where the patients are so ill as to be confined to bed, you will find the sounds sufficiently well marked. You will usually notice that in these cases the sounds disappear and recur again at intervals. If the sound should change from spot to spot, disappearing and again returning, you can explain it only by reference to some accidental and temporary cause, such for instance as spasm, or obstruction of the tubes at certain points by thick mucus. Another change observable is equally remarkable—that is the sudden cessation of the sound of respiration at certain points where it was but the moment before distinctly heard. This is produced by the temporary obstruction of large bronchi by a sudden accumulation of thick mucus, not sufficiently liquid to be expectorated, and acting as a plug in the tube. The expectoration at first resembles very much the white of an egg. Sometimes it becomes slightly streaked with blood, not incorporated with the sputa, but expectorated with it. You will observe the sputæ gradually undergoing change. They lose their transparency by the gradual appearance of small opaque streaks or spots, which daily become more numerous, until finally the whole mass expectorated becomes of this character, constituting what we commonly call 'opaque mucus.' This change is usually completed about the tenth day of the disease.

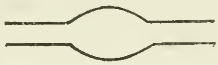
If you study the physical signs during the progress of the changes which I have just described, you will observe that the sibilant and sonorous ronchi which were heard in the early stages of the disease, have ceased. And what occupies their place? A mucous rale. And if you examine the respiration at this period, you will easily conceive what the character of this rale ought to be. You will find that the air-bubbles are very small in size and scattered extensively over the mass; and hence you would reasonably infer that when they burst, the sound must have varied very much in intensity. And this in fact is the characteristic nature of the mucous rattle. It gives you the idea of bubbles of small size breaking on the ear. And there is another characteristic mark, in the frequency with which the sounds pass and repass the ear, and which is observable alike during inspiration and expiration. These then are the characteristics of the mucous rattle—the inequality of the sound—the passage of it backward and forward—and its being heard during inspiration and expiration.

During all this time the respiratory murmur can be heard. There is, no doubt, more or less free communication with all the air-vessels, for you find in all these cases clear resonance of the chest on percussion. Recollect, then, that in any stage of bronchitis you never have the slightest dulness on bronchitis. Now this mucous rattle exists just as the sonorous ronchus, on both sides and low down. This is a point of immense importance in these cases. Recollect then that all these physical signs have their seat on both sides and low down; and the importance of this fact in the diagnosis of bronchitis from tuberculous disease, cannot be too highly estimated.

After the disease has existed for two or three weeks, its general subsidence is marked by the cessation of all the physical signs. The mucous rattle gradually diminishes, and finally altogether ceases. The expectoration gradually diminishes in quantity and loses its opaque character, until it is at last entirely absent. The patient during all this time suffering very little in his general health, and soon regaining his appetite; and it is only during the first few days, and before the establishment of the expectoration, that the febrile symptoms are distinctly marked so as to attract much attention. This is the common progress of a common case of acute bronchitis in a healthy adult, who has been exposed to the vicissitudes of the weather, and suffers in consequence. The character and violence of the disease, are, however, much influenced by the age of the patient. If bronchitis attacks a young infant a few months after birth, it is an extremely dangerous and often fatal disease. The symptoms in such cases do not, however, materially differ from those already described as characterizing the disease when its subject is a healthy adult, with the single exception that they are more intense. There is in the cases of infants more fever and more oppression of the respiration than in adults; but there is the same establishment of expectoration, which has the same characters, and the disease goes through the same general course in both cases. It may however terminate fatally at any stage of its progress, and that event is peculiarly liable to occur in the first stage, when the patient may die of suffocation from congestion of the lungs, and the extensive obliteration of the bronchial tubes by expectoration which the child is unable to discharge.

Again in very old persons, especially those debilitated by chronic diseases, which in almost all cases accompany advanced age, acute bronchitis is often a very serious disease, constituting the affection denominated in the books 'pneumonia typhoides,' which does not, differ in any essential character from the disease I have described. It is the excessive accumulation of mucus in the smaller bronchial tubes which constitutes the leading anatomical character of this form of bronchitis. From this it has been termed by Cruvelhier as 'pneumonia ———,' but it is in fact only a form of acute bronchitis. In old subjects the disease is accompanied by more or less pain about the chest—febrile action and loss of appetite. But the two symptoms which indicate it most clearly are the great prostration of the strength of the patients, and the disposition to coma which they manifest. Patients of this description often die in a comatose state.

Chronic bronchitis is, in the majority of cases, the sequel of the acute form of the disease. It commences like an ordinary attack, but in consequence of repeated exposure the disease becomes fixed in the lungs and assumes a chronic character. In most cases it is comparatively a very trifling affection. Nothing is more common than to find persons advanced in life, who have for a long series of years labored under chronic bronchitis, but which has not materially interfered with their general health or enjoyment. They may have coughed more or less every morning and expectorated mucus, but their health and appetite did not suffer, nor was there exhibited any febrile excitement. This class of patients are always subject to exacerbations of the disease from contracting fresh colds, which convert the chronic bronchitis into the acute form, which passes through its usual stages, the patient being still left with the chronic affection. In certain cases, however, this inflammation is more extensive and severe, and you will find Wood and others describing what they term 'catarrhal phthisis'—which is nothing more than a form of chronic bronchitis, and particularly that form which is accompanied by dilatation of the bronchial tubes. I wish, gentlemen, to call your particular attention to this part of the subject. We frequently find patients with all the symptoms of phthisis—night sweats—emaciation—frequent coughs—expectoration of muco-purulent matter—all indicative of an advanced stage of tuberculous disease of the lungs. You cannot by the rational signs distinguish this disease from phthisis, and the consequence is that they are frequently confounded. I need not remind you of the importance of an accurate diagnosis in such cases. Let me then briefly advert to the points which will enable you to draw this important distinction. In the first place, then, it is necessary to take the age of the patient into account. Phthisis is, you know, generally speaking, a disease of young people. It is very uncommon to find patients after the age of forty-five years affected with tuberculous disease of the lungs, but that is the very period of life when chronic bronchitis is most frequently met with. But when you study the physical signs presented in these cases, you will see the most marked difference. The diagnostic value of these signs must then be at once evident. If you find a patient advanced in life presenting these rational signs, but discover perfect resonance all over the chest, and the mucous rattle existing in a marked degree about the posterior and inferior portions of the lungs, while the superior portions are free, you may at once come safely to the conclusion that the patient does not labor under phthisis, but under chronic bronchitis in an aggravated form. In some of these cases you will also find one or more dilated bronchi, which may occasion some difficulty in the diagnosis. But what are the physical signs with which you would expect to meet in cases of partial obliteration of the bronchial tubes? You would expect to have the respiration impeded, the intensity of the bronchial respiration increased, and marked blowing respiration. If the dilatation be general, you have this blowing respiration all over the chest—if it be partial, it will of course be confined to the particular spots so affected. There is one fact important to notice in this connection, and that is that you sometimes meet in these cases with more or less flatness on percussion. The compression of the surrounding pulmonary tissue produced by the dilated bronchi is occasionally sufficient to cause this dulness on percussion. And in consequence of these bronchial tubes being always in a state of inflammation, you will have, in a greater or less degree of intensity, the mucous rattle. A bronchial respiration, then, over the seat of the dilatation, accompanied in some marked cases by dulness on percussion, and the existence of a mucous rattle, are indications of dilated bronchi in connection with the ordinary symptoms of severe chronic bronchitis. Accordingly in all cases of chronic bronchitis accompanied by symptoms analogous to those of phthisis, which I have described, you should institute an examination for the purpose of discovering the existence of dilated bronchi, and by that means be enabled at once to form a correct diagnosis, and determine the real nature of the disease. Let me remark in passing, that if the dilatation be limited, and the tube assume this form—



you will have all the physical signs of a cavity in the lung. Now, suppose such a dilatation to exist, as unfortunately for the accuracy of our diagnosis, it occasionally does, in the superior portion of the lung where tubercles are usually deposited, and cavities produced by their ulceration exist, you will have a very difficult case indeed. As a general rule, it is impossible to distinguish an extreme case of this sort from a case of tubercular ulcers, therefore if ever you should make a mistake, I wish to save you from the mortification of imputing to your ignorance an error into which the most experienced auscultator might unavoidably fall.—True, such a case might not occur once in five hundred, but it has occurred, and I have myself met with it, and therefore I make you acquainted with it.

I will now say a word or two in relation to the *causes* of chronic bronchitis. Constant exposure to the causes which produce acute bronchitis, will change the acute into the chronic form, which may, as I have already stated, continue for many years, and terminate only with the patient's life. The influence of peculiar trades and professions in the production of this disease, is a very interesting subject of inquiry. In England, this question has been the subject of very diligent and accurate investigation by Mr. Thackrah, and Drs. Daniell, of King's College, and Knight, of Sheffield, gentlemen living and practising in the great manufacturing districts, and familiar with the habits, modes of life, and diseases of the laboring population. It was found by these gentlemen that they could divide the manufacturing population, so far as chronic bronchitis was concerned, into three classes, according to the trades which they pursued. They included in the first class, which was the most numerous, all those persons whose employments obliged them to inhale habitually particles of dust, such for instance as makers of edge-tools, needles, &c. Such persons were remarkably subject to chronic bronchitis, which was familiarly known amongst them as the 'pointer's cough'—and the 'grinder's rot.' Again, it was found that the inhalation of minute particles of vegetable matter, such as that inhaled by millers, starch-makers, &c., was also the frequent cause of the disease, although not to the same extent, nor so severe, as that occasioned by the inhalation of metallic dust. I think it was Dr. Knight who ascertained that of two hundred and fifty cases of disease amongst the grinders, one hundred and fifty were affections of the lungs, whereas amongst two hundred and fifty other patients not following the same occupations, only fifty-six suffered from diseases of the chest—showing conclusively the immense influence exercised by particular employments on the production of diseases of the lungs. And if Dr. William's observations be correct, in many of these cases the mucous membrane was found ulcerated. Another class of patients who were found very subject to chronic bronchitis was formed of those who were much exposed to the vicissitudes of the weather, such as glass-blowers, blacksmiths, washerwomen, &c. The third and most important cause of this disease which we have observed, is the influence of sedentary occupations. The gentlemen to whom I have referred, found that glaziers, shoemakers, tailors, persons who lead very sedentary lives, are particularly subject to chronic bronchitis. I have myself repeatedly been enabled to confirm the accuracy of this. I have seen many cases of dyspepsia, attended by a dry cough, accompanied with very trifling expectoration, go on for years, until relieved by appropriate treatment, treatment not addressed to the lungs but to the digestive organs. These cases are often mistaken for phthisis by the patients themselves. You know the tendency which exists to great despondency in the minds of dyspeptics, and if they become troubled with a cough, they are very apt to think that they are falling into consumption. These cases become of great interest, then, and being easily cured, will, if properly understood and treated, give great credit to the practitioner.

I will now make a few remarks on the treatment of this affection, but I will observe great brevity. Bronchitis is an inflammatory affection, but bloodletting is seldom required. It is I believe now a pretty well-established principle, that in inflammation of mucous membranes, you cannot take blood so judiciously as in cases of inflammation of other tissues. Accordingly, as a general rule, you are not called on to bleed even in severe cases of bronchitis. If bleeding be demanded by the intensity of the disease threatening suffocation, it is done not so much with a view to subdue the inflammatory action, as it is to diminish the congestion which attends it. Generally, in an adult, you first purge freely by the administration of saline medicines. The warm bath, if convenient, is to be recommended—if it be not convenient, a warm pediluvium may be ordered. Demulcents are to be used, and if the symptoms be urgent, you may combine with them antimonials or the syrup of ipecacuanha. Young children, it is to be remarked, will seldom bear antimony. There is in these cases more or less concomitant irritation of the mucous membrane of the intestines, and diarrhœa is very frequently present. From this you will perceive the impropriety of exhibiting any of the preparations of antimony. In adults, however, antimony is a very proper remedy, and can be administered more or less freely, according to the circumstances of the case. I do not believe that the application of blisters, at any period of the disease, is useful. The diet of the patient must of course be simple. Morphine may be prudently given, in order to allay the violence of the cough. When the expectoration is fairly established, should the case not appear to yield, it is proper to alter the treatment, and administer stimulating expectorants instead of antimonials.

In the chronic form of the disease the treatment is equally plain and simple. I should, however, remark, before proceeding further, that in that typhoid form of acute bronchitis, which sometimes affects old people, the treatment must not be depletory at all. Even free purgation is to be avoided. The treatment of such cases should be stimulating from the commencement. In these cases the following formula will be found extremely valuable:—

℞ Ammon: Carb: gr. v.
Misturæ Camphor: ℥ss.
Aq: Menth: Pip: ℥j.
Fiat haustus.

In such cases blisters may be applied to the chest with the view of rousing the vital powers:—In the treatment of the chronic form, I was about to say, before making this short digression, that stimulating expectorants are the chief remedies to be employed. But in many cases the most judicious treatment is of little avail. The balsam copaiba combined with ipecacuanha, and perhaps a small quantity of tincture of opium, is a very useful remedy in these cases. A variety of remedies have been used in these cases, and amongst them digitalis has been a good deal recommended, and has been useful in some cases, whence perhaps it has derived its empirical celebrity in the cure of consumption, in which, every one at all acquainted with the pathology of the disease, must be aware it can have no efficacy. Elaterium has also been tried by me, but I found it so useless and uncertain that I have altogether relinquished its employment. There is another remedy much in use by some of our practitioners here. Dr. Johnson, one of the most judicious practitioners in our city, has been very much in the practice of exhibiting it—it is blood-root, the *serpentariæ radix* of the Pharmacopœia. I have used it from his recommendation, but have never found it to possess the virtues ascribed to it by him. It may, however, be useful in some cases, and it is, at all events, worthy of a trial.

A COURSE OF LECTURES

ON THE

Principles and Operations of Orthopœdic Surgery.

BY

WILLIAM DETMOLD, M. D.

Delivered at the College of Physicians and Surgeons, New York, during the Spring Session, 1842.

[REPORTED BY THE EDITOR.]

Lecture V.

Gentlemen:—In my last lecture I described the manner in which the operation for the division of contracted tendons and muscles should be performed, and exhibited several of the instruments applied for the purpose of affecting extension and perfecting the cure of the several deformities of the feet. It is very important to bandage the foot well previous to the application of the apparatus. Apply a thick bandage of unbleached muslin, which is, I generally find, the best material of which the bandage can be composed. Do not make it too tight, but let it be sufficiently so to prevent its wrinkling. Make it pretty tense on the convex part of the foot, and let it have a little play on the inner margin of the foot, so that it may yield where you wish the greatest extension to be made. Then you strap the foot to the board, and you must pad the limb well, and observe that you do not arrange the buckles in such a way as might lead to unpleasant effects from their pressure. The straps should be applied on the foot so close together that no room will be permitted for the swelling of the foot between the interstices. Envelope as it were the whole foot with straps, and exert a uniform amount of pressure on the whole surface. The foot being thus strapped down, gradual extension is to be made, but let me caution you against going too fast, for that will impede rather than expedite the progress of the case. Were there no other reasons for the employment of any gradual extension, the excruciating pain to which the patient is subjected under different treatment, would be sufficiently powerful. At any rate, the patient suffers a good deal at first. The most severe pain usually occurs about half an hour after the foot has been bandaged, and it continues for an hour or so, when it remits, unless it be so severe as to be insufferable without the loosening of the bandage. Again, at night you will find that the patient suffers a good deal. The best position is that by which the muscles are relaxed by bending the knee. Pat a cushion under the knee for that purpose—the gastrocnemii are relaxed by the bending of the knee, and of course the patient feels relieved. With children you observe the same precautions, even although you merely use the shoe, as I said you should in mild cases. Avoid, if possible—in fact, I always do avoid—

giving any opiate. It cannot produce any good effect. You cannot administer a sufficiently large dose as to remove the pain, and you only make your patient nervous during the day. I think the administration of opiates in such cases decidedly injurious, and therefore I always avoid it. If the patient be a child, let it be carried about in the nurse's arms. Sometimes the patients will sleep readily in a rocking chair, and the sitting position seems to be in most cases the easiest. The only thing which can distuib the progress of the case, when thus treated, is the occurrence of blisters of the skin. If you draw the straps too tight, especially over the instep, or as I have already remarked, if you are not very careful as to the manner in which you arrange the buckles, a blister may be produced. But these blisters do not often give much annoyance. There are some blisters which will heal even under the pressure. A solution of the nitras argenti is, I find in such cases, the best application; and you may, if you choose, add to it a little tincture of opium. You have, in some cases, what may be called a sloughing of the skin from the pressure. It is not possible in all cases to avoid this. You may think that the bandages are all properly applied, and that there is no undue pressure, but on examination you find a small gangrenous spot on the skin. And indeed this, when it exists, may be discovered without unloosing the bandages. If the patient becomes feverish, complains of headache, loss of appetite, and has a furred tongue, you may rest assured that some local irritation of the kind I have described exists, and it is remarkable what a degree of constitutional disturbance may originate in one of these small ulcers. You will never find these symptoms of constitutional disturbance arise from the pressure of the instrument alone; if you loosen the straps a little the patient will feel quite easy, and he will not complain of loss of appetite. But if there be the smallest ulcer you will find considerable febrile excitement. When such is the case, you must, of course, remove the instrument, and defer its application till the sore be healed. I need not say much about the treatment of such ulcers. They generally heal very readily when the pressure is removed. That is the only thing that can interrupt the progress of the case under treatment. Recollect, however, that if you carry extension too far and too rapidly, you may induce convulsions. I have spoken, you will observe, only of the accidents which may occur under judicious treatment—the disagreeable results which may arise in the course of improper treatment I do not pretend to enumerate.

After the foot has got nearly into the proper shape, you apply the shoe, which will complete the cure more rapidly than any thing else, and will not prevent the patient from walking. In the application of the shoe, you must observe the same precautions as those which I described as necessary in the employment of the other apparatus. You have occasionally a very disagreeable thing—the growing into the flesh of the nail of the great toe. I have seen this repeatedly. The treatment of this is obvious enough, and need not delay the cure of the clubfoot. Again, the first joint of the great toe sometimes becomes united to that of the second toe. The approriate treatment, in such cases, will be readily suggested to the mind of the intelligent practitioner. In cases where particular spots are very painful, you can easily, by means of pads, remove the pressure, and leave the painful spot untouched by the bandages or apparatus.

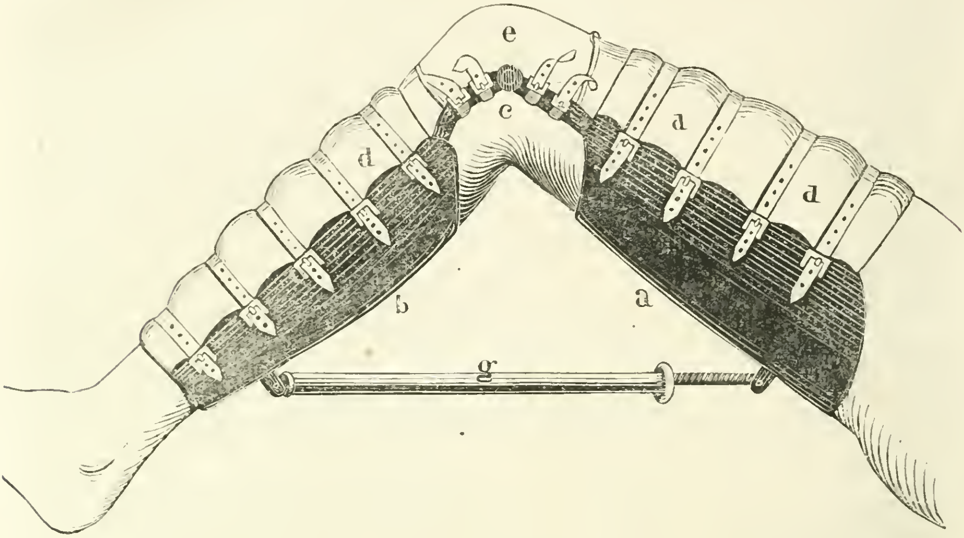
After the patient begins to walk—as you saw the lad who allowed you to examine his foot at the close of the last lecture—there is always one great trouble—I say 'always,' because it occurs in the great majority of cases—and that is, a very painful affection of the sole of the foot. The little toe is, as it were, rotated on its own longitudinal axis;—the patient steps on the dorsal part of the little toe, by straightening this the little toe comes in the proper direction, but is somewhat rotated on its axis, and a corn is produced, which is exceedingly painful. The best way to treat this is to apply a piece of sheep-skin on which have been spread three or four layers of emplastrum saponis, with an aperture which admits the 'corn,' and so relieves it from the pressure. At the same time a lotion of spirits of camphor may be frequently applied.

You may occasionally remove the bandages, but not too often, during the treatment. Generally there will be more suffering from the fresh application of the bandages than inconvenience from their being constantly kept on. You may, however, safely enough remove them every third or fourth day, and wash the foot with spirits of camphor.

If both feet be affected, I generally operate on both at the same time. Such cases I may remark are always most difficult to cure. And this is explained not only from the fact that from both feet being affected the difficulty of walking is increased, but because the cause which produced the deformity has been more powerful, and of course aggravated all the features of the case. Much might be added respecting the treatment of these deformities, but the limited time at my disposal, admonishes me to the observance of great brevity.

You cannot fix in any case the time which will be necessary to effect a cure. Sometimes you will succeed in a very short period, and in other cases the cure may be considerably protracted. The *pes equinus* is much more easily cured than the *talipes varus*. Here is the cast of the foot of a lady who was submitted to the operation at the age of thirty-three, and was probably thus affected from her infancy. She walked well, though lame, three or four weeks after the operation. But here is the cast of the foot of a girl aged fourteen, in whose case I would not undertake to effect so much in twelve months. This girl was affected with *talipes varus*, and the deformity, as in all cases, was congenital. Congenital *pes equinus* I at least have never seen; some have said that they have met with it, but I think that the cases referred to by them had been *varus* at birth. Do not then promise a cure in a certain time. But you may guarantee a positive cure; and as the patient observes his case improving every day, he will keep up his spirits, and look confidently to its happy termination. A great deal of deception has been practised on this point;—one doctor will assert that he can effect a cure in six weeks, and another will promise the same result in a month, both probably failing in the majority of cases, but thus acting as if running a race to a cure. Be assured, however, that if you can effect a good cure at all, you do very well. This is, I believe, about as much as I can say at present about the treatment of *talipes varus* and *pes equinus*. In the treatment of *talipes valgus* the same principles apply, only the foot is turned in an opposite direction. *Talipes calcaneus* is a very rare deformity, as I have already remarked. I have met with it only in infants, and it yielded readily to a bandage and splint, and I dare say that in the majority of cases the same simple contrivance will be sufficient to effect a cure.

We now proceed to the consideration of affections of the knee. The muscles of the knee may be contracted from a disturbance of their equilibrium, in the same manner as those of the foot. This disturbance of the muscular equilibrium is not often congenital in cases where the knee is affected, unless when the whole body is deformed. Scrofulous affections of the joint in young subjects, and in adults, rheumatic affections—wounds—fractures—and any local cause which will keep the joint for any length of time in a bent position, will produce,—as you will readily conceive, from remarks offered in a previous lecture,—permanent flexion of the knee. The most frequent causes of the deformity, are, however, those just enumerated—scrofulous and rheumatic affections. Generally, you must in cases of this deformity, divide the flexors. Let the patient lie on his face, stretch the contracted muscles as much as possible, and divide them at the point where they are most tense. You need not divide the muscular fibres completely. And this rule is of general application in the division of all muscles. In fact, you cannot easily divide a muscle completely—you can only divide those fibres which are contracted, and which alone offer sufficient resistance to the knife. Sometimes, in affections of the knee-joint, especially those connected with what is termed 'white-swelling,' there are scars found firmly adherent to the muscles, and which prevent the employment of the requisite extension without laceration of the skin. In such cases you must cut the skin—the only circumstance in which you are required to do so in an orthopœdic operation. (Dr. D. here exhibited a beautiful drawing, illustrative of a case in which the scars he described were met with.) After dividing the muscles, and treating the wound precisely in the manner described when speaking of the operation on the foot, I apply this instrument, which I call my own:—



a and *b* are two concave iron splints, well padded inside, which are applied on the back part of the leg, leaving the fossa poplitea uncovered between them. They are contracted on both sides by an iron rod with a joint (*c*) corresponding with the knee-joint. *dd* are soft cushions to prevent pressure from the straps. *e* is a knee-cap of thick buckskin. By means of the screw and hollow cylinder (*g*) underneath, the knee can be bent or straightened.

There are cases of contracted knee-joint in which it is so firmly contracted that it is impossible to ascertain by mere manual examination, whether there is a bony anchylosis or merely a contraction of the muscles and ligaments. Of course, it is infinitely important to ascertain that before attempting any operation. If bony anchylosis exists, any attempts at extension would be, to say the least, useless, if not nonsensical. How then can this point be settled? In such doubtful cases, I apply this instrument, and screw it to a certain point; if bony union exists, the patient will complain of pain where the pressure is made by the instrument; and the instrument will, in such a case, press at the extremities of the splints and on the top of the knee. If there be no bony anchylosis, but the contraction is the result of the contraction of muscles and ligaments, the patient will not complain of the pressure, as in the former case, but will complain of the straining of the soft parts of the joint. These remarks are applicable to the contractions of the *semi-membranosus* and *semi-tendinosus*, as well as the *biceps*.

In some cases the knee is not only flexed, but the leg is turned outward—the outside only appearing contracted, and the inside relaxed. For this I have invented an instrument which can assume any angle, and so be adjusted to any case of this description. You occasionally find the extensors of the knee contracted, so that the joint cannot be bent at all. I have never seen this deformity except as the result of some local cause, such as a fracture. In such cases you must proceed carefully. In cases where the joint is flexed, you may, although you do not restore its mobility, yet give the patient a straight limb; but when the patient has a stiff knee, do not attempt to bend it unless you are sure you can restore the joint, as unless you can do so, instead of benefitting the patient, you give him a crooked knee, which you would be obliged to straighten again. If the contraction have existed for any length of time, and resulted from any affection of the joint, as is generally the case in children, from white swelling, you cannot promise much, and it will be very seldom indeed that you will be able to restore the joint. But in all the various contractions of the knee which may present themselves, you must exercise your own judgment, and with a little experience, you will be enabled to adopt the appropriate treatment.

Let me add a word or two about the contractions of the hip-joint, though there is not much to be said on the subject. The adductores of this joint are occasionally contracted; and this not unfrequently happens in conjunction with *pes equinus* and contracted knee, affording very evident confirmation of my doctrine of the concentric muscles. You know enough of anatomy to teach you to be cautious how you cut about the adductors of the hip-joint, so as to avoid injuring the vessels or nerves, though the danger of doing that is more apparent than real. Here again your own judgment must guide you in deciding what portions of the fasciæ must be cut and to what extent.

I have, gentlemen, gone over the ground very rapidly, as I was obliged to do, and will, in my lecture to-morrow, proceed to the contractions of the upper extremity,—wry-neck,—and stammering.

Lecture VI.

Gentlemen:—Contractions of the upper extremity are not by any means so frequently met with as those of the lower. Because the muscles of the former are more equally balanced than those of the latter; there is not any disparity like that existing between the muscles of the calf and their antagonists. This accounts for the comparative rarity of the occurrence of deformities of the superior extremities. We cannot do so much for the contractions of the arm as for those of the leg. In cases of deformity of the leg, we can give the patient some sort or other of artificial support, which will enable him to walk tolerably well; the functions of the leg are comparatively passive, but the functions of the arm are much more intricate and varied, so that it is very difficult to effect their restoration.

Contractions of the upper extremity, like those of the lower, may be congenital or acquired after birth. We not unfrequently find children who are born with club-feet also having club-hands. I saw a child a few days ago which was thus affected. The palm of the hand is drawn in; the fingers are permanently bent; the flexors of the hand are contracted. Thus we invariably find that whether the deformity be congenital or acquired, the concentric muscles are contracted. In most cases you must, as early as possible, divide the tendons, and then by your bandages endeavor to bring the hand into proper shape, and so gradually restore its use. We occasionally find the muscles of the hand contracted in consequence of a paralytic seizure, and in such cases we again observe that the contracted muscles are affected. I suppose you are all familiar with the peculiar appearance of the hand and arm of many aged persons who have had an attack of apoplexy or paralysis. In such cases little of course can be done. The age of such patients of itself renders it unlikely that nature can avail herself to any extent of the assistance of art.—There are other contractions resulting from rheumatism, flexion of the elbow-joint, for instance, which may be remedied by division. In cases of contraction of the arm, where the paralysis has come on in infancy, you may also benefit the patient by an operation; at least so as to allow him some motion in the elbow-joint, and some use of his hand. But you can never restore the use of the hand entirely. There is a peculiar deformity with which we meet very frequently; it exists merely in the fingers, and occurs in adults. It is a contraction of the palmaris, and produces contraction of the single flexors of the fingers. The third finger is generally the first affected, and the little finger is implicated in the deformity. You will, in such cases, find a string of tendon very tense and hard under the skin. In recent cases of this kind, you can do a great deal by merely dividing the tendon. But if the deformity have existed for some time, you will find that the skin has become adherent to the aponeurosis, which is so deeply involved that it becomes difficult to remedy the contraction without cutting the skin, and this renders the case more tedious. Such cases are not, however, by any means so promising as one would at first suppose. Some persons, after having seen great deformities of the feet and legs cured, are ready to say that these contractions of the fingers are quite trifling, and very easily cured. It is easy indeed to divide the contracted tendons, but it is not so easy to restore the perfect use of the fingers. Therefore, in these cases, you must be careful and not promise too much. The operation has been applied to luxations of the shoulder-joint of long-standing. I contended for the propriety of this three or four years ago in a publication which was translated in Germany. The case to which I referred was that in which the humerus is luxated under the pectoralis muscle, and I said that if I met with such a case, I would divide the muscle and then reduce the dislocation. Since that time the operation has been performed by Dieffenbach of Berlin.

These then are the contractions to which the upper extremity is liable, exclusive of those which result from curvatures of the spine, to which our time will not allow us to advert. We come then next to wry-neck, which is in most cases the result of contraction of the sterno-cleido-mastoideus, by which the chin is drawn towards the shoulder. In this case you must be very particular in order to ascertain correctly on which side the contraction exists. It may seem somewhat ridiculous to suppose that a mistake could be committed on this point; but I have repeatedly seen the attention of the medical attendants bestowed on the wrong side. You will in such cases find the chin drawn towards one shoulder and the sterno-cleido-mastoideus of one side strongly contracted, and you will think that it is the muscle involved in the deformity; whereas it is the muscle on the opposite side, whose points of origin and insertion having been brought close together, rendering the muscle on the opposite side tense, whilst the skin on the affected side is wrinkled, and so prevents the muscles from being so distinctly felt; you must therefore be careful not to divide the wrong tendon. If the wry-neck be of long standing, you will find that the features of the face are changed. The whole side of the face becomes smaller. Very often the other muscles of the neck and indeed those also of the spine become involved, and spinal curvature is the result. In cases of wry-neck you must divide the sterno-cleido-mastoideus, and afterwards apply such an instrument or bandage as your ingenuity may suggest and the circumstances of the case demand. You may, I should, have remarked, easily discover which side is affected, by depressing the shoulders alternately and observing closely the effect on the muscles of the neck. On the affected side you will find that on depressing the shoulder the contracted muscles are very tense and hard to the touch. The wound heals as readily as that of other muscles or tendons. If the deformity be not very great, I find that after division of the tendon, the application of the night cap which I adjust firmly to the head, and a strap of bandage which I fasten to a belt in the same direction as the sterno-cleido-mastoideus of the opposite side, is amply sufficient to complete the cure. In all instances, however, your knowledge of the anatomy of the muscles here will lead you to the adoption of the appropriate instrument or bandage.

Some of the muscles of the face, the masseters and those which close the lower jaw, are sometimes contracted. This is occasionally the result of ptyalism, and sometimes of other causes. I have a case which resulted from an injury. A child fell and inflammation ensued, which produced a permanent closure of the jaw. In such a case, division of the masseter, and it may be of the temporal muscle also, is easily effected, and by some simple contrivance the mouth may be opened. When the contraction arises from the use of mercury, which has produced salivation, I have generally found adhesions of the skin; the inner surface of the cheek adheres to the gums, and division of the adhesion is necessary. Distortions of the countenance are met with occasionally, which, I have no hesitation in asserting, might be removed by some means. Such, for instance, is the deformity which in some cases follows an apopletic fit, or partial paralysis. Were such a case put under your care, especially if the patient were comparatively young and the features much altered, I do not hesitate for a moment in saying that you should operate, and I have not the least doubt that a cure would result. I do not know whether that has ever been done merely to restore the beauty of the face; but I do not hesitate to say that its performance with such a view is justifiable and likely to be advantageous. The most frequent deformity of the face for the removal of which an orthopœdic operation is employed, is 'squinting.' The muscles of the eye, like those in all other situations, must preserve their equilibrium in order to maintain harmony of action. If that equilibrium be disturbed, strabismus is the consequence. A number of individuals claim the honor of introducing the operation for the cure of squinting. I proposed it here more than five years ago, and then people laughed at it. Dieffenbach first performed the operation. Strabismus is generally convergent; that is, the concentric muscle of the eye—the rectus internus is contracted, and draws the ball towards the inner canthus. Squinting is also generally congenital, and may arise from the influence of any of the causes which produce the other deformities which I have already described. Teething, scarlet fever, derangements of the intestinal canal, &c., may produce this deformity. The operation is a very simple one. You open the eye—an assistant holds the lids—you open the conjunctiva—and seizing the muscle with a hook, divide it either with the scissors or a knife. You have all, probably, seen the operation performed often, and I need not detain you by any detailed description of it. Some precautions, however, must be observed. If you open the conjunctiva too much and make too large a wound, you may produce prolapsus of the eye—I so call it, although I am aware the term is not strictly correct. But the eye bulges out, and a deformity much worse than that which you attempted to remove is the result, and it gives a very disagreeable expression indeed to the face. I think that in many cases there is quite too much of a dissection made in this little operation. As I have often seen the operation performed it looks very well, it is true, because it is done with such an air of anatomical demonstration—just as if the operator had a 'subject' before him! But, after all, the poor patient gets an ugly eye. Now I don't want any such thing. If the wound be sufficiently large to admit the hook, it is enough. Let the opening in the conjunctiva be no larger than you can possibly require. The divergent strabismus is treated in the same manner as the other variety, the external rectus being divided. In some cases the operation does not succeed, and I do not know why. In such cases it has been proposed to divide the muscle in the other eye, on the ground that a morbid sympathy may exist. I recollect that in one of the first cases of squinting in which I operated, that there was scarcely any mobility whatever in the affected eye—you are aware that in most cases if the sound eye be covered, the patient has the power of moving the affected eye so that no squint is apparent, but in this case there was no such power, and very little of the cornea was visible. I brought the ball round and divided the muscle, when a small additional portion of the cornea became visible, but the improvement was scarcely perceptible. I operated a second time and with a little additional success. But still the deformity was not removed, and as it was very considerable, the family as well as the young lady herself were willing to consent to any thing I thought proper. I accordingly operated a third time, and divided again all the adhesions which had been formed. I then put in a ligature by means of a small needle, and drew a silk thread through the insertion of the rectus internus,—I cut it off—then in the remnant which remained attached to the sclerotica I drew a needle armed with a silk thread, with which I pulled the eye outward and fastened the ligature by means of court-plaster on the temple. I allowed the ligature to remain for twenty-four hours. Then the rectus internus had room to play, and began to contract, and the eye became quite straight. I have repeated this operation in several cases with equal success, and I find that it has been adopted in Europe, and is now practised there. I do not know how long the ligature would remain. But in all the cases I have seen, it come through the next morning. Very frequently a little excrescence is formed on the conjunctiva after the operation for squinting. You may remove this with the knife, or with caustic. A variety of instruments are used by different operators, but as you are all familiar with them, and as they are all very nearly alike, I need not detain you with any description of them.

The last affection for the cure of which this operation has been called into exercise is stammering. Dieffenbach first maintained the idea that stammering was the result of a loss of the equilibrium of the muscles of the tongue, and to remedy which he proposed the excision of a portion of that organ itself. A most barbarous and unjustifiable operation! Dieffenbach cut the tongue nearly quite across, and exsected a triangular portion of it. He says his patients did not stammer afterwards. But the operation was very soon abandoned after one or two who were subjected to it, had died of hæmorrhage. The Parisian surgeons improved upon this idea of Dieffenbach, and proposed and practised the division of the genio-hyo-glossi. This operation has been extensively practised—I have myself often performed it—but I have never seen any permanent benefit result to the patients. You have all doubtless witnessed the performance of this operation at the several *cliniques* in this city. The patients were brought in unable to articulate—the muscles were cut, and then the patients uttered a few words without stammering—the students made a great noise, amid which the patients were hurried out of the room, and that was th last that was seen of them. (Laughter.) I proposed and have practised an operation for the cur of stammering, which you have probably seen performed. I had observed in operating on muscle that as soon as my knife had penetrated to a ce tain extent the muscular substance, the contractions ceased. If, for instance, in dividing the mu cles of the knee, whenever I pierced them, the ceased to be contracted, so much so that it wa difficult to complete the division of their fibre which no longer offered sufficient resistance to th knife. The fact thus discovered led me to suppo that the mere piercing of the muscular fibre allaye the spasm for the time being at least, and I was accordingly induced to try the effect of acupunctur of the tongue in cases of stammering. And I mus say that I have seen a great many patients wh spoke well after this operation. But the operatio requires to be frequently repeated in order to affor any benefit. The pain attending it is sometime very severe, especially towards the ear. There is no danger and no hæmorrhage attending this operation, and if the patient be very anxious you can repeat it often, and the case may be benefitted. I operated on a patient who came all the way from Georgia, and after the needles were withdrawn he spoke with perfect ease. I never saw a man so delighted. He went home of a truth rejoicing. But alas! the impediment in his speech returned as bad as ever! He returned to the city, and I repeated the operation with the same temporary success as on the former occasion. I gave my patient a set of the needles, so that he could be operated on by his own surgeon at home, and he promised to write me respecting the results. I have not heard from him since. But I have little doubt that if this operation be repeated sufficiently often, that this unpleasant impediment may be completely and permanently removed.

I have thus, gentlemen, given you a very rapid sketch of the nature and treatment of the various deformities which orthopœdic surgery is intended to remove. A large field—indeed the largest and certainly not the least interesting one, yet remains to be entered on—I allude to the spinal curvatures. But the limited nature of the time placed at my disposal has prohibited me from approaching this part of the subject. At a future time, I may perhaps give another and more extended course of lectures, which will embrace the whole range of orthopœdic surgery; but at present I must now take my leave of you, thanking you for that attention with which I have been honored. (Applause.)

REVIEW DEPARTMENT.

The Western Journal of Medicine and Surgery.—Vol. V., No. VI. Prentice & Weissinger, Louisville, Ky.

This is a good number of a journal which is under very talented editorial management. We have, we believe, remarked in a former notice, that a little more variety in the matter and curtailment of some of the articles would improve the value and interest of the periodical. But altogether the work is highly creditable to the West.

In the number at present on our table there is a very ably-written and temperate exposé of the pretensions and literary character of a gentleman to whom we lately assigned the enviable and appropriate honor of companionship with the justly celebrated Bedford. From the annexed extracts, our readers will perceive that 'Idem et Eyed-'em' and the Lancet, are not the only folk who entertain just notions of the mental calibre of Professor Dunglison:—

> Whatever may be the value and efficiency of the Professor's mind, as a condensing lens, to collect within a narrow sphere the lights emitted from a wider one by the original and inventive minds of others, it possesses, if we misunderstand it not, none of the properties of an *electron per se.* It gives not out from itself any of the flashes or coruscations of genius, nor has its course been marked by any of those happy combinations, discoveries, or revelations, which proclaim its possession of creative originality. Though we ourselves do not pronounce it a *positive parasite*, yet, were any other reviewer to do so, we should deem it incautious in an antagonist to enter the lists with him, in a trial of his truth by the ordeal of battle. Indeed might we, without giving offence, institute a comparison on such a subject, we should say that the Professor's mind in its relation to the *minds* of other men, is inferior to the mistletoe in its bearing towards the plant to which it adheres. Though that parasitical product derives from the spot to which it is attached, the matter that nourishes it, yet, by its own powers, it digests, matures, and moulds that matter into its own organism and identity. With the mind of our author, however, the case is different. While it draws its matter of nutriment from the writings of others, it allows that abstracted from each different and dissimilar source, to retain almost entirely its own peculiar form and character. Hence the productions of the Professor, instead of being uniform, consistent, and tasteful compositions, exhibit a crude mosaic or rather patchwork appearance. We do not deny to Dr. Dunglison either *readiness, hability, or tact* in the *manufacture* (we mean the *compilation*) of books. We acknowledge, on the contrary, that he possesses each in sufficient abundance. But *there* perhaps his book-compounding attributes end. In her allotment to him of the higher and more valuable quality of *judgment*, nature has been sparing, not to say niggardly. Neither are his selections choice, his groupings skilful, nor his arrangements and classifications either able, instructive, or in any way highly appropriate or beneficial. Every thing from his pen, (perhaps we should say *hand*, which may wield other implements besides his pen) is too much encumbered with the minutiæ of detail, and is too scanty in matter of general import. In his nosological catalogues, these faults are broad and striking. Notwithstanding these remarks, we are compelled to acknowledge that our author has shown a redeeming share of sound common sense, in his selection of the mode of book-making he pursues. The reason is plain. As already intimated, it is the only mode that he is qualified to practise. Were he to attempt a more elevated and original one, his failure would be equally signal, certain, and humiliating to him. And as relates to himself, this is one of the decrees of fate, which he has had the discernment and good fortune to discover, and the discretion to acquiesce in, and has therefore been sufficiently successful in his literary enterprises. And had he not thus acquiesced, his fortune as an author would have been, of necessity the reverse. In reference to this point we shall only add, in corroboration of what has been already alleged, that all the works which our author has hitherto published have been the product of the inferior order of the intellectual faculties—of those which, by observation and perception, receive knowledge, and communicate it by language. Of the fruit and finish of the higher intellectual faculties they are altogether destitute. Inasmuch, then, as the actual improvement of *medical science* consists in one of the three following forms of action, or in the union of all of them—*the discovery of new matter—new creations produced out of matter already known—or new inferences deduced from one or both, in the capacity of premises*; inasmuch as this is true, and as Professor Dunglison has fallen far short of such distinguished performances, and even shown himself incapable of them; it follows, as a corollary, that, by the work before us, he has effected no improvement in *scientific medicine.* These strictures on style we shall close by observing, that our author makes books too rapidly to avoid in them the commission of errors and blunders of every description which haste and a want of circumspection can produce. His aim seems to be *quantity* rather than *quality*—to compile and publish very *many* books, rather than very *valuable ones.* He appears ambitious to be pronounced able, not to compose a *thousand lines*, like the satirist's poetaster, but to make a *thousand extracts*, '*stans uno in pede.*'

The following sentences very fully express our estimate of the utility of the work in question, and which we have on a former occasion described in nearly similar terms:—

> If the foregoing strictures and disquisitions be founded in truth and justice, (and our aim has been conscientiously to that effect,) it necessarily follows that in neither a *scientific*, a *literary*, nor a *practical* point of view, has the profession been improved by the volumes we are examining. Is it then to be hence inferred, that medicine is in no way benefitted by the work? We anser, no. A few useful purposes in the profession, the publication creditably subserves. Some of these are the following. In the first place, it makes a part of the great scheme of *labor-saving* and *power-giving* means and contrivances of the day. It brings together and presents to its readers, under a succinct and condensed form, a vast amount of medical matter, which no physician could collect for himself, without a most tedious and toilsome examination of detached works; and which, from a want of leisure and books, the great body of physicians in the United States could never collect. By its copious references to authorities, it serves to those who are solicitous of further information on given topics, as an index to libraries to which they may have access.

This article, we may add, was written by Prof. C. Caldwell—one of the most eminent medical men of our country.

NEW YORK LANCET.

Vérité sans peur.

New York, Saturday, June 25, 1842.

The present number completes the first volume of the Lancet, and at this period of its existence, a word or two in reference to the prospects of our Journal may perhaps be deemed excusable. We speak advisedly when we say, that the success of the New York Lancet, has thus far been altogether unprecedented in the history of medical periodical literature in the United States. And the same degree of prosperity may be attained by any Journal which follows the same course. We have faithfully endeavored to fulfil the promises with which, six months ago, we commenced our career, and are more deeply convinced than ever, of the propriety and wisdom of that independent course of conduct, to which we then became so solemnly pledged. We have spared neither pecuniary expense, nor time, nor labor, in the attempt to make our Journal worthy of the respect and patronage of our brethren. And were any incitement to zealous and unremitting exertion in the great cause of medical science, wanting, we surely have it now furnished in that cordial and wide-spread support, with which we have been sustained by the great mass of the profession, in this vast region of the earth.

Our readers will, we trust, absolve us from the charge of vanity or presumption, when we ask them to review our humble labors and say whether they do not show that we have not been idle. We have now given to our subscribers a volume of upwards of four hundred pages—nearly the one half of its contents being original and written by our own hand—and altogether presenting as much useful and valuable matter, as could not be obtained in other quarters for less than a sum double the amount of our annual subscription. We have carefully selected the most important and interesting matter contained in the medical periodicals of Europe, and presented it in a form, adapted we trust, to inform and instruct our readers, whilst we have at the same time afforded, as we would fain believe, a not discreditable representation of the state and progress of medical and surgical science in our adopted and beloved country.

We cherish the hope that our readers regard our Journal as improving in usefulness and value, and that it promises to be still more worthy of their patronage. We can assure them that no effort will be spared to make the LANCET the reputable organ of the American Medical Profession.

Medical Education.

Well, then, we must have a reform of our present miserable systems of medical education. And where must the work be commenced? In New York. Her position, her influence, her relations with the entire Union, her population, her intelligence, her enterprise and public spirit, all mark her as the appropriate source of such a movement. The field is here, and it is unoccupied. The cordial spirit of welcome, and the high hopes which greeted the well-varnished annunciations of the gentry who, with a publican and a son of St. Crispin, tenant the 'Stuyvesant Institute,' evinced the favorable estimation in which any proper effort in the cause of science here, is held throughout the Union. And the prompt and universal expression of indignant feeling with which the profession, from Maine to Florida, marked its disapprobation and contempt of the impostors,—fortunately so soon 'found out,'—also taught the truth of our assertion that NEW YORK is the quarter to which all eyes that look for educational reform are at present turned.

And what must be the character of the men who can originate this great movement? They must be men of pure hearts, and honorable intentions, and firm resolution,—men willing to devote their talents and energies to the good work—no mercenary laborers must they be, but men who could and would act with a single eye to the dignity and best interests of their profession, forgetting self and hoping for no immediate pecuniary advantage. And can such men be found? To doubt it, were indeed to express an opinion of our profession, which we at least cannot entertain. We are persuaded that there are not a few of our brethren competent to the work, and who have zeal and energy and disinterested love of science sufficient to originate the great movement to which every right hearted member of the profession is at present called.

And now we would, in all humility, offer to the thoughtful consideration of the profession, the outlines of our plan of educational reform. We would have the course of collegiate study protracted to double its present duration. That is, we would have the curriculum extended to sixteen months instead of eight, thus embracing *four* sessions. And these sessions we would have occupied in the following manner:—

FIRST SESSION.

Anatomy,—Chemistry,—Dissecting-room,—Hospital,—Clinical Surgery.

SECOND SESSION.

Anatomy,—Comparative Anatomy and Physiology,—Surgery,—Dissecting-room,—Hospital,—Clinical Surgery.

THIRD SESSION.

Theory and Practice of Medicine,—Materia Medica and Pharmacy,—Surgery,—Dissecting-room,—Hospital,—Clinical Medicine.

FOURTH SESSION.

Theory and Practice of Medicine,—Midwifery and Diseases of Women and Children,—Botany,—Medical Jurisprudence,—Lying-in Hospital,—Hospital,—Clinical Medicine.

In the first session we would include the months of October, November, December, and January;—in the second session, February, March, April, and May;—in the third session, October, November, December, and January of the following year;—and in the fourth session the succeeding months of February, March, April, and May. The period occupied in the prosecution of study, would thus be the same as at present,—two years,—but the time actually devoted to it would be doubled, and as our readers can at once perceive from our scheme, the student would not be obliged to run breathlessly the round of all the classess in one session, but would have his attention fairly divided to each during his collegiate course. The fees we would have the same as at present, and thus the expenses of the student would not be increased in any way, whilst he would receive a full, and thorough course of education, instead of the present miserable homœopathic doses of knowledge with which he is sent to practise on an unfortunate community.

In our next we will continue this subject, and more fully explain and enforce our plan.

THE MEDICO-CHIRURGICAL REPORTER.

Division of the Musculi Orbicularis Palpebrarum for the relief of Ptosis and Entropion.

TO THE EDITOR OF THE LANCET.

SIR:—

In a recent number of your valuable journal, I observed a brief notice of the operation recommended and practised by Dieffenbach in cases of ptosis, and having operated on a patient, for many years troubled with that affection, I have thought a brief report of it might not prove uninteresting to your readers, as it goes strongly to corroborate the views entertained by that distinguished surgeon upon this subject.

Mrs. Hall, æt. 40, when twenty years of age, suffered a severe attack of typhus fever, during which her head was very much affected, For some time after her convalescence, she suffered excruciating pains over the eyebrows and in the left temporal region. Soon she began to lose the power of raising the upper eyelid, and her eye became permanently closed. On pinching up the skin and making some effort to elevate the lid, the orbicularis muscle would contract with much force, and the patient herself remarked that if it were not for this spasmodic action of the muscle, she believed she could enjoy the perfect use of her eye. She further stated that she had been cupped and blistered repeatedly, and had submitted to almost every plan of treatment which was thought likely to afford relief. From none, however, had she derived the slightest degree of benefit. After explaining to her the nature of the operation which I thought likely to raise the eyelid, she readily consented to its performance. With the assistance of Prof. Parker and Dr. Hall, I divided the musculi orbicularis palpebrarum in the following manner :—The patient was seated on a low stool before the window ; Prof. P. then passed a smooth ivory handle beneath the lid, in order to protect the eyeball, whilst with a straight, narrow tenotome, a puncture was made near the outer margin of the lid, and midway between the outer and the inner angle. The knife was passed on towards the superciliary ridge, when turning the edge towards the muscle, and by gently pressing during the act of withdrawing, its fibres were easily divided. The muscle both at the inner and outer edge of the eye I divided in the same manner, in every instance, leaving the conjunctiva entire. Instantly our patient remarked that she could raise the lid so as clearly to distinguish objects across the street. Prof. P. then suggested that the division of the lower portion of the muscle might relieve the entropion of the lower lid. This I divided in the manner before mentioned, and much to our satisfaction the entropion immediately disappeared. As the levator palpebræ superioris and the orbicularis are antagonist muscles, when from any cause the equilibrium in their action is destroyed, why should we not expect the same results to follow the division of the contracted muscle, as in other parts of the body where there is a disturbance in the balance of action between the flexors and extensors of a limb ? Dieffenbach states that the weakened levator palpebræ began to act immediately, and in one brief sentence explains the whole philosophy of the operation, viz. 'that by the division of its opponent, the *surplus action* of the latter was removed.' From the happy effects which followed the division of the muscle in the lower lid, as Prof. Parker recommended, I have but little doubt but that we now possess an easy and effectual remedy for many, perhaps a majority of the cases of that troublesome affection.

I am yours,

G. C. Blackman, M. D.

New York, June 14, 1842.

Iodide of Iron inducing Abortion.

TO THE EDITOR OF THE LANCET.

Dear Sir :—

I have lately been trying the effects of some of the articles lately introduced to our notice as therapeutic agents ; such as iodide of iron, iodide of arsenic, &c. &c. I have not seen any cases or statement of the internal exhibition of the latter ; but I resolved to try it in a case of syphilitic rupia at the Montreal General Hospital, of which I am one of the attending physicians. I began with doses of 1-24 gr., and have increased it to 1-12, with evident benefit, the disease having resisted every other kind of medical treatment. Periera, in his work on materia medica, mentions the external application of the ointment, but does not record its internal exhibition. She does not suffer the slightest bad effect from these doses, so that I purpose shortly to increase it still further. I shall probably report this case. I send you, however, the following, as furnishing powerful evidence of the action of the iodide of iron on the uterine system.

Jane M., a servant in a respectable family, of a pale leucophlegmatic habit of body, and who had hitherto enjoyed an excellent character, applied to me for professional assistance, with all the usual symptoms of amenorrhœa. I prescribed to her the iodide of iron in doses of gr. ij. three times a day, dissolved in alcohol. She continued the medication for about three weeks, when she aborted, after a pregnancy of about three months. From the character which she bore, I never anticipated a result of that kind. In a therapeutic point of view, however, I regard the occurrence of such an event as worthy of record. You may notice it, then, if you please.

With best wishes for success, from the independent stand which you have taken in your journal, believe me to be, dear sir, yours faithfully,

A. Hall.

Montreal, June 15, 1842.

[This interesting case was communicated to us in a private letter, by Dr. Hall, Professor of Materia Medica and Therapeutics in the McGill College, Montreal, and we readily avail ourselves of his permission to publish it. Dr. Hall expresses his warm approbation of the course we have adopted in reference to Medical Education, and has offered some judicious suggestions which we will endeavor to improve.—Ed. L.]

Account of a Patella broken transversely, and re-united by Bone.

With remarks on the nature and treatment of similar injuries.

BY T. WILKINSON KING.

It would seem that this was an instance of bony union of a transversely fractured patella. The points of Mr. King's remarks are these.

'If the reparative ossification is to be expected mainly on the convexity of the bone, and if this action is regulated by the degree of inflammation, I have to ask, if it be well to subdue the little undue vascularity which quickly follows the injury ? And, in order to enforce the reflection, I would almost say, it is desirable to consider the means of exciting and maintaining inflammation on the surface of the patella, rather than strive to obviate the injection, which is too limited, and so superficial as to be peculiarly under the control of tropical remedies.

In the absence of experience, I am not inclined to think that abstaining from the application of cold, or even attempts to excite capillary action, will be often found to succeed in uniting the fragments of a patella by bone : but I do consider that the habitual use of cold, in the main, is a needless, mistaken, and pernicious practice ; and that some aid is decidedly to be looked for from an opposite method.'

'The limb is doubtless to be kept extended and even, as much as may be inclined to form a right angle with the body : but when our minds turn to the means by which the upper fragment is to be drawn down and confined, it should, I think, be difficult to avoid the conclusion, that every thing in the shape of a close-fitting circular strap must be, comparatively, inconvenient, inefficient, and obstructive ; producing needless pressure, requiring excessive violence, and causing mischievous congestion and unhealthful actions.

All these influences may, I conceive, be pretty readily obviated by an application of a modified character—a solid pad, long and narrow, and curved along the upper edge of the patella. A torniquet so formed, capable of well-graduated pressure, and applied somewhat obliquely and firmly, but without any circular or constricting bands, would, I imagine, act more completely, and with the least necessary violence, without congestion, or any needless obstruction to the nutrient and reparative actions.

It is not now needful to inquire what force is requisite to resist the efforts of the extensors to displace the bone. Doubtless it is desirable to employ the least violence that will be efficient and secure ; and my conviction is, that very slight force will suffice, provided the muscles are carefully set at rest, by attention to the patient's posture ; and kept unexerted, by studious absence from all motion : for the patient's exertions in bed, even with the most precise application of straps, &c. (unless they are so tight as to be very distressing) cannot fail to act upon the injured bone.'—*Guy's Hosp. Rep.*

Description of a Case of Alveolar Abscess.

BY ISAAC I. GREENWOOD, M. D., D. D. S.

Some few years past a foreign gentleman applied to me for professional aid, who had been treated by an eminent surgeon dentist for several years for a diseased dens sapientiæ. On examining the case, the malady was found to be seated in the alveolus of the tooth on the right labial side of the dracranian maxillary at the base of the corenoid process, where it forms a conjunction and continuation of the alveoli. In the first instance it had been formed by an erosive exposure of the medulla of that organ. The patient being of a timid disposition, and the surgeon not determined in extracting the tooth, an abscess had formed, and the pus passing off from the weight of the matter aslantwise, and through the base of the alveolus of the tooth, had perforated the Levator, affecting the rotary muscles opposite the orifice, and through the anterior surface of the skin, immediately under the centre of the belly of the digastricus, where it pierces the meatus auditories externus, forming a considerable orifice; which issue he was in the habit of probing with a silver instrument, about six inches in length, and cleansing with lint, &c. It was found that in making use of this instrument and forcing it in the whole length of the canal, which was straight and considerably indurated, the rigidity being such that the digastricus could not have its full force of expansion, and the masseter muscle of that side at its lower portion was effected as well as the pterygoideus externus in such a manner, that the patient was not enabled to open his mouth more than half an inch.

By further probing the wound the instrument was found to strike upon a hard substance at the base, which by the sound was known to be the fangs of the diseased organ. The alveolus being destroyed on that side of the diacranian opposite, and on the labial section of the surface of the tooth; from the continuous issue of matter, the tooth irritating and acting as an extraneous body, and causing this flow, it was determined at once to perform the operation of extraction. No worse result could take place when the member was removed. The cutting was carefully yet fearlessly made, and the operation performed. The patient immediately feeling relief, the sanguineous discharge which followed was somewhat free, and considered as favorable. Yet still the indurated canal remained, and the rigidity of the parts not remedied. The patient was advised when the wound healed in a measure, to lubricate the parts externally with emollients, such as had been prescribed by his physician and were of a mercurial nature, to cause a pliantness and relaxation of the muscles. The advice was concurred in, and a restitution of the parts was the effect of the application.—*Am. Jour. Dent. Science.*

Case of Diabetes Mellitus.

BY JOSEPH BELL, OF BARRHEAD.

March 24th, 1841.—John H., æt. 50 years, a native of the North of Scotland, of ordinary stature, by trade a sawyer. He is of a relaxed leucophlegmatic appearance. About angles of lower maxillary bone there are several vestiges of suppurated glands, some of which are still enlarged and painful. He states that for nearly a year he has been passing a large quantity of urine, and that it has greatly increased within the last four months. During the last twenty-four hours he has voided 108 fluid ounces of a light straw-colored urine: it has a smell like honey, and of sweet taste. He feels very feeble, but his appetite is not impaired; thirst considerable; tongue covered with a dirty white or buff-colored fur. He is occasionally troubled with pain shooting through head, and giddiness is sometimes troublesome.

He has had palpitation of heart for many years; pulse 78, full; the palpitation of radial and ulnar arteries, as well as their phalangeal branches, is distinctly visible through integuments. Bowels said to be regular. The specific gravity of urine was found to be 1·0493. It yielded a large quantity of saccharine matter. No traces of urea could be detected.

Habt. ℞. Tr: Opii, ʒiij; Tr: Ferri Muriat: ℥ss; Aq: Puræ, ℥xij; M: sump: ℥j; t: d: et habt. ℞. Sulph: Quin: gr. xxxvi; Conser: Rosæ, ℈iiss. M. fit: mass: et divid: in pil: xxiv. Capt: unam 6ta: q: q: h.

To have for diet stale bread, mutton-chop, roast beef, biscuit, &c.

29th.—Since he commenced taking his medicine urine has gradually decreased; during the last twenty-four hours he has voided 56 fluid ounces, and says he made a similar quantity yesterday. Specific gravity is now 1·035, and less saccharine matter contained. General health improving; pulse 68; no pain of head; palpitation less; thirst less; tongue cleaner.

Pergat.

April 10th.—The quantity of urine voided daily since 3d inst. amounts to 42 fluid ounces. Specific gravity 1·026. Saccharine odor and matter gone; tongue clean; general health continues to improve; pulse 66; bowels regular.

REMARKS.—Having frequently witnessed the good effects of opium and tr: ferri muriat: in cases of diabetes, I was induced in the foregoing instance to prescribe these two preparations, along with the sulph: quinin: in the same manner (or nearly so) as recommended by C. Clay, Esq. of Manchester, in the Lancet, Oct. 10th, 1840. The happy change which followed the use of the medicine in this case was most satisfactory, and has been as yet permanent; the man up to this moment having no return of the complaint.

The following I think is the formula recommended by Mr. Clay:—

℞ Tinct: Opii, ℥iss; Tr: Ferri Muriat: ʒij; Sulph: Quin: gr. viij; Aq: Destill: ℥vj.

An ounce to be taken three times a day.

I would prefer giving the sulph: quin: separately, in form of pill, as being more elegant, and more easily taken by the patient. The remedy can be merely recommended on empirical grounds, however unsatisfactory this may appear to those who would wish to see the disease treated on philosophical principles—a circumstance much to be desired; but really when the true pathology of diabetes is so far from being elucidated (despite of the laborious investigations of many eminent physicians), we are glad to avail ourselves of any remedial agent which has been found, even in a few cases, to procure relief.—*Lond. Med. Gazette.*

Salivation caused by filling of the 'Amalgum of Mercury and Silver' in the Teeth.

We have before had occasion to speak of the hurtful effects that result from the employment of the 'amalgum of mercury and silver,' for filling teeth. We could mention many cases where its use has been followed by serious consequences, and that ptyalism is often, in this way, produced, is a fact now too well established to admit of doubt. A case was related to us, a few days since, of a gentleman, a resident of the District of Columbia, who, about eighteen months since, while in the city of London, applied to a dentist for the purpose of having several large cavities in his teeth filled. The operation was performed in a few minutes, and to the gentleman's great satisfaction. In a few days, however, his gums began to inflame and swell, and these symptoms were gradually followed by an increased flow of saliva, inflammation of the mucous membrane of the mouth generally, and of the alveolo-dental periostea, soreness and loosening of all his teeth, fetor of the breath, anorexy and all the other symptoms attendant upon a mercurial diathesis of the system. Having visited Paris about three weeks after the operation, and the symptoms becoming more and more aggravated every week, he at length consulted an eminent medical gentleman of that metropolis, who, after having carefully investigated his case, informed him that he was salivated. But when the gentleman assured him that he had not taken mercury in any form for ten years, and that he had never been salivated in his life, his physician stated that if the opinion which he had given was incorrect, he was ignorant of the nature of his disease. Learning, however, in the course of the conference, that he had had a number of his teeth filled ten or twelve weeks before, in London, with a 'mineral paste,' he was induced to examine the fillings, which proving to be an amalgum of mercury and silver, the mystery was at once explained. The fillings, of course, were at once removed, and though the constitutional symptoms, as we were informed, soon subsided, there still remains a chronic inflammation and thickening of the alveolo-dental membranes and looseness of the teeth.—*Am. Jour. of Dent. Science.*

Tumors of Nerves.

1. *Dissection of a Tumor from the Sciatic Nerve.*

The following case is taken from a Clinical Lecture on Tumors of Nerves, by M. Velpeau.

'I saw a case of ganglion which occupied the sciatic nerve; it was seated on the back of the thigh about four inches below the buttock; it had existed for several years, and acquired the size of a child's head. The tumor was extirpated in the following manner:—The patient was placed on his belly, with the legs separated, and supported by assistants, I made an incision six inches long from the ischium, dividing the subcutaneous fascia and the fascia lata; the tumor was thus exposed, drawn backwards, and dissected with caution from the edge of the biceps; it was now evident that the tumor was confounded with the sciatic nerve. The fear of gangrene or paralysis made me hesitate for a moment, and reflect whether it might not be possible to separate the tumor from the filaments of the nerve. I detached the circumference, and dissected the upper and lower parts of the nerve, as if I were making an anatomical preparation, and found that about one-third of its thickness was free, while the remainder was spread all over the bottom of the tumor. The patient bore this painful dissection with the greatest fortitude, and this gave me additional courage to proceed. I, therefore, dissected away each filament, pushed them aside, and at last succeeded in completely isolating the tumor. The cavity which remained was large enough to contain my two fists; I filled it with lint. During the first fortnight the patient complained of numbness and incapability of moving the parts about the foot and ankle, but these gradually disappeared, and she was completely cured in three months. M. Chelius and M. Roux have published similar cases: but in that mentioned by the latter surgeon the tumor was cancerous, and finally destroyed the patient.'

2. *Painful Nervous Tumor of the Thorax.*

'The chest is frequently the seat of painful nervous tumors; I have often removed them from this part of the body. A lady suffered for many years from neuralgic pains in the right side of the chest. There was a small tumor about the size and shape of an almond, between the tenth and eleventh ribs; and the pain seemed to originate from this point. In order to expose the tumor I had to divide the integuments to the extent of two inches, the subcutaneous fascia, some fibres of the dorsal and external oblique muscles, and the layer of tissue which covers the external intercostal muscles. When the tumor was raised up by a hook the patient experienced violent pain; it was easily removed, and complete recovery ensued in a short time. A year afterwards, however, I had to perform a similar operation on the same patient for another tumor, which appeared about an inch below and behind the first one. After this the patient had no relapse.

'In 1836, there was a young girl at La Charité affected with a painful tumor in the same region, but on the opposite side of the body. In this case, although the ganglion was subcutaneous, I was unable to heal the wound by the first intention. I have seen a third case of painful ganglion in the same region, in a female; and am inclined to think that the friction caused by the petticoat or robe may have been an exciting cause of the disease.'—*Prov. Med. and Surg. Journal.*

THE COLLATERAL SCIENCES.

The Remote Causes of Epidemic Diseases.

[A Mr. Parkin has recently published a work, in which he endeavors to prove that epidemic disease is the result of volcanic action. This theory is certainly ingenious, and he has exhibited great industry in accumulating facts, but his views are more curious than clear or probable. The following extracts will explain his opinions, and may not be uninteresting to our readers.—Ed. L.]

Now, if we generalize the phenomena attendant on the march of epidemics, we shall find that they are so regular and uniform, as to deserve to be set down as laws of the disease. More than this, if we compare these laws with those attendant on volcanic action, we shall find that they are the same, or similar, as will be apparent by the recital of a few of the principal phenomena observed during the operation of this process on the crust of the globe.

The first and most singular law which may be noticed, is that which causes the effects of volcanic action to be felt or witnessed along particular lines of the earth's surface.

To be convinced of this, we have only to cast our eyes over any one of the principal volcanic regions, when we shall remark, that a series of vents extends along, at no great distance from each other, either in a straight or curvilinear direction; and this too over considerable portions of the earth's surface. As an example of the first, we may refer to the Andes, where, from Chili to the north of Mexico, there is a line of volcanos, so uninterrupted that it is rare to find an intervening degree of latitude, in which there is not an active vent; and it seems probable, that they will hereafter be found to extend from Cape Horn to California, or even, perhaps, to New Madrid, in the United States—a distance as great as the pole from the equator.* Although extending to this distance in one continuous and uninterrupted line, the volcanic action, as well as the effects resulting from it, is confined to very narrow boundaries on either side. 'In regard to the eastern limits of this region,' observes the same writer, 'they lie deep beneath the waves of the Pacific, and must continue unknown to us.' On the west they do not appear to be prolonged to a great distance, for there seems to be no indications of volcanic disturbance in Guinea, Brazil, and Buenos Ayres.

'A remarkable example of the other variation or curvilinear direction, is to be found in the Pacific Ocean. From the Phillippine Islands, a range of volcanic vents proceeds to nearly 10° latitude, ranges westward along this parallel for about 25° of longitude, and then turns up north-west diagonally through about 125° of latitude. This line, which, when represented on maps, resembles an enormous fish-hook, passes from the Phillippines, by the north-east point of Celebes, Gelolo, the Volcanic Isles between

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* Lyell's Geology.

New Guinea and Timor, Floris, Sumbawa, Java, and Sumatra, to Barren Island.'

The paroxysmal convulsions, and other signs of internal action along these particular lines, and the fact, that two vents are seldom in a state of activity at the same time, while the discharge of matter from one outlet, invariably lessens, or arrests, that from another, sufficiently attest their continuity beneath the surface. Thus the volcanos in different parts of Iceland, as well as those in the Phlygrœan Fields, are observed, as Lyell states, to be in activity by turns,—one vent often serving for a time as a safety valve to the rest. Another proof, also, of the connection of certain volcanic vents, may be adduced from the fact that when several cones are thrown up in one eruption, which is sometimes the case, they invariably take a linear direction.

The principal volcanic region in the old world extends from east to west for the distance of about 1000 miles from the Caspian Sea to the Azores. From south to north it reaches from about the 35th to the 45th degree of latitude. Its western limits, says Lyell, are the ocean, but it is impossible to ascertain how far it may be prolonged in that direction; neither can we assign with precision its extreme eastern boundaries, since the country beyond the Caspian, and sea of Arat, is scarcely known.

An attentive consideration of the phenomena which have been observed in this part of the world, from time to time, leads distinctly to the conclusion, that the volcanic action extends along the centre of this region in a line from east to west; for while the effects of earthquakes, which have occurred at a given point, have been felt hundreds of miles from the centre of concussion, in a linear or western direction, scarcely any effect has been observed in places situated but a comparatively short distance to the north or south of this particular line. This phenomenon was particularly noted in the earthquake, at Lisbon; for the concussion was severely felt by ships at sea, hundreds of miles to the westward of the spot where it first commenced; while places but slightly removed from this line to the north and south experienced no shock, but only slight agitation in the waters of the sea, rivers, ponds, etc. It would also be an easy task to show, if space were afforded for the purpose, that the concussions which have been felt in this region, and even at the farthest extremities of the volcanic boundaries have an intimate connection with the volcanos of Ætna and Vesuvius, inasmuch as for sometime previous to an eruption of these mountains, earthquakes have generally been experienced along some portion of this particular line, and which have invariably ceased, as soon as the melted matter has found its way to the surface.'

At a late meeting of the Electrical Society, one of the papers read contained 'Details of an experiment, in which certain insects, known as the Acarus Crossi, appeared incident to the long continued operation of a voltaic current upon silicate of potass, within a close atmosphere over mercury.' By Mr. Weekes. The solution of silicate was prepared from materials which were transferred from the glowing heat of a furnace to boiling distilled water; filtration was performed under a glass shade, and the resulting clear liquid was safely and carefully placed beneath a bell-glass resting on a mercury bath. This was on Dec. 31, 1840; the first insect made its appearance in October, 1841, a group were seen in the following month, since which time they have been continually observed, and their habits have been noted. The bell-glass was kept in darkness, light being only admitted on those occasions when the progress of things was being examined. Insects have also been developed in another bell-glass, containing oxygen gas. The operation is still in progress, and apparatus being prepared to subject the investigation to still greater rigor than even that which has been detailed above. That these creatures will prey on each other seems pretty evident, for the dead body of one became day after day diminished, until it vanished. They seem to dislike light, preferring cracks and crevices as hiding places.—*Polytechnic Journal.*

ITEMS AND INTELLIGENCE.

Medico-Legal Report of the Evidence given on a recent Trial for Murder by poisoning with Arsenic.

BY ALFRED S. TAYLOR.

[In a late number of *Guy's* Hospital Reports there is a very interesting report on this important subject, of which the following is an analysis:—]

1. *Inadequacy of common Reports.*—The slow progress of toxicology in England must be ascribed to the want of a sufficient number of accurate reports. A medical witness has generally gone into court, to give evidence in a case of poisoning, without any knowledge of the kind of information which has been required by counsel, from those who have acted as witnesses in former cases. The report of a trial, if published at all, has commonly appeared, either in an incorrect form in the public journals, or divested of all that is useful to the medical witness, in various works on criminal law.

2. *What a Witness may be asked.*—Each trial affords a lesson: it at least teaches us what we are expected to know, and what we must be prepared to answer. At first, the view of the counsel for the defence seemed to be, that it was possible the diarrhœa, which the deceased was known to have had two days before his death, might have carried him off: but, independently of this not being a fatal disorder in an otherwise healthy man, the medical opinion was conclusive, that the deceased must have died from poison. Mr. Breach was then asked, whether arsenic might not have been accidentally mixed up in the powders sent by him to the deceased, and whether he kept arsenic among his medicines. The answers were, That he prepared the powders himself—that he had prescribed similar powders on the same day for numerous other persons, without any ill effects resulting—and that the only arsenical preparation which he had in his possession was in a state of solution. He was required to describe the method of analysis adopted for the detection of the poison;—to account for the safe custody of the stomach and its contents, from the time of removing them from the body until the analysis was made, as also for the safe custody of the tubes and plates containing the arsenic reduced to the metallic state. The counsel then required him to describe the probable quantity of reduced metal obtained in each tube; and to say whether it would be possible to convert all the poison, diffused through the stomach and intestines, to the state of metal.

The questions put to myself, in cross-examination, were chiefly—Whether ulceration of the mucous membrane of the stomach was a common effect of arsenical poisoning—What was the earliest period, after the poison had been taken, at which ulceration might take place—the earliest period for the occurrence of severe inflammation of the mucous membrane,—the quantity of arsenic required to kill an adult—how much was found in the deceased's stomach, and whether this was sufficient to destroy life. Again: How many tests were employed for the detection of the poison—which was the most satisfactory of these—and why, if the test of reduction was satisfactory, were others afterwards employed.

3. *Earliest period for ulceration of the stomach from arsenic.*—'The mucous membrane of the stomach presented patches of ulceration. The earliest period at which I

have known this process to have been set up, in arsenical poisoning, is seventeen hours. Dr. Christison remarks, that it is hardly to be looked for, unless the patient has survived nearly two days. In the case before us, the deceased died within ten hours; and his stomach was found ulcerated. Both Mr. Breach and myself were closely cross-examined by prisoner's counsel on this point; the object being probably to show, that, according to all past experience, it was too early for the ulceration met with to have been the result of arsenic. But the appearance of the ulcers, with the fact of the poison being embedded in them, left no doubt of their origin on our minds, and so we did not hesitate to express ourselves. It was further explained, that as ulceration was a consequence of the actively inflamed state of the mucous membrane from the local irritation produced by arsenic, so it might happen that this appearance would be accelerated where the inflammation had been unusually acute.'

4. *Is direct evidence of guilt necessary?*—The cases of poisoning in which direct evidence of administration can be procured, are, comparatively, very few in number. Poisoning is a crime almost always perpetrated in secresy: the murderer, in general, so lays his plans, that there may be no witness to the act of administration. These plans sometimes fail; but when they succeed, there are often circumstances which betray the nature of the crime, as well as the perpetrator. It is upon these circumstances, partly moral and partly medical, that courts of law commonly rely for proof of administration; and there can be no doubt, that if direct proof were always required for conviction, it would be tantamount to saying, that the greater number of cases of criminal poisoning are entirely beyond the reach of the law; and that the crime might be perpetrated with impunity, provided a few very simple cautions were observed by the perpetrator.

Dr. Clutterbuck on Total Abstinence and Temperance.

In a very interesting account of Dr. Birkbeck, recently read before the Medical Society of London, and since published in a small pamphlet by Dr. Clutterbuck, the author, after giving the following account of Dr. Birkbeck's character, and the diseases by which his life was rendered one of much suffering, appends some judicious remarks on total abstinence and temperance. These observations, coming from a physician of such extensive experience, may be of interest at a time when the questions which they involve are so much agitated.

In his professional character, Dr. Birkbeck's claim to notice was of the highest stamp. Of this I consider myself entitled to judge in some degree, from my almost daily communication with him for a long series of years. Acute in observation, discriminating in judgment, patient and cautious in prescribing and administering remedies, he was, as might be expected, eminently successful in practice; thereby, as well as by sauvity of demeanor, ensuring the entire confidence of his patients. He was thoroughly imbued with a knowledge of the principles and practice of our art, as at present subsisting; and, had his time and talents been directed exclusively, or even principally, to the study of medicine, he would unquestionably have enlarged the boundaries of the science, and thus have contributed to its extrication from some part, at least, of the obscurity in which it is at present but to deeply involved.

As a man, Dr. Birkbeck was simple, unassuming, and artless in his manners; of unbounded benevolence and inflexible integrity. He was beloved, as well as esteemed, by a large circle of private friends—admired, respected, and lamented by multitudes of all ranks, who had profited by his instruction or by his benevolence; and I may add, he was almost adored in his domestic circle.

Such was our lamented friend, whose memory will live in the grateful recollection of future ages.

I cannot close this sketch without adverting to his bodily sufferings, which were severe and protracted, though his habits and modes of life were simple, and even abstemious—almost, I might say, to an extreme. Yet this was not sufficient to exempt him from the inroads of disease, and that sometimes of an active and even highly inflammatory character. At an early period of our acquaintance, I found him suffering greatly from dyspepsia, as it is termed, with a jaundiced state of the skin. These, as was then the fashion, were referred by his professional advisers, to a torpid state of the liver. For this calomel and the blue pill had been freely administered, on account of their supposed specific powers in such affections. To these were added stimulant and tonic remedies. The result, however, was not such as to justify the practice; the disease altogether was rather aggravated than relieved. A more minute examination of the different symptoms led us to suspect that the liver, instead of being in a torpid state, as had been imagined, was in reality suffering from slow or chronic inflammation. This seemed probable, from the dull pain produced by pressure over the region of the liver; and still more by the dry and coated state of the tongue, with other febrile symptoms. Acting upon this presumption, a simple antiphlogistic plan of treatment was resorted to, including a few small bleedings from the arm. The blood taken exhibited the strongest characters of inflammation. By perseverance in this course health was gradually restored. He was ever afterwards an advocate for the lancet in this as well as many other diseases, where he had not previously been favorable to its use.

From this time he continued to enjoy good general health, till about four years ago, when he suffered severely from catarrh of a highly inflammatory description, and which confined him to the house for several months. It yelded, however, at length to blood-letting, and the ordinary antiphlogistic treatment.

About a year and a half ago he first complained of an irritable state of the bladder, with enlargement of the prostate gland, attended with the usual distressing symptoms, and from which he continued to suffer most acutely till the powers of life were gradually exhausted. He died on the 1st of December, 1841, retaining the perfect possession of his mental faculties to almost the last moment of his existence.

The society will, perhaps, indulge me with their attention for a few minutes longer, while I revert to the abstemious habits of our departed friend. This I am induced to do for the purpose of remarking, that a rigid abstinence, in regard to either food or drink, is not, generally speaking, advisable. It is no argument to say that intoxicating drinks are unnatural, and therefore injurious to the human frame. It should be borne in mind that ours is, in a great degree, a state of artificial existence, and that nature supplies us with hardly any thing perfect, or that may not be, and is not, in fact, improved by the art of man. We inhabit a climate by no means the best accommodated to our wants, exposed to various powerful causes of disease, and without natural means of defence against the inclemencies of season and weather. Nature does not even supply us with adequate or proper food, unless herself stimulated by artificial means; there seems, therefore, to be no reason (*à priori*, at least,) for abstaining altogether from artificial excitement. Experience, indeed, would seem to prove the contrary, and ought to be our chief or only guide in these matters. Experience has sufficiently shown, I think, that the diseases peculiarly incident to cold and variable climates like ours, such, for instance, as pulmonary affections, and scrofula in all its variety of forms (which together constitute the great mass of our prevailing diseases,) are most effectually prevented by what is termed a generous diet, both in respect to food and drinks, with the addition of artificial clothing; while in the treatment of such diseases, when they actually take place, the same general principles require to be kept in view.

The value of temperance (another word for moderation) cannot, certainly, be too highly estimated; yet it does not follow that an entire abstinence, either from animal food or intoxicating liquors, is, generally speaking, desirable or useful in such a climate as the one we live in. On the contrary, observation would lead me to believe that what is termed good living (by which I would be understood to mean a moderate indulgence in the pleasures of the table) conduces both to the attainment of vigorous health and to the prevention of disease. The body, when in health and strength, appears to be more steady in its movements, and less readily disturbed by external causes, than when debilitated by privation or other means. We may the more readily admit this, when we advert to the numerous instances that fall under almost daily observation, of individuals who live to a great age, with an extraordinary exemption from disease, whose habits of life are nevertheless far from temperate.

This comfortable doctrine, as it must be allowed to be, is not (merely on that account) to be condemned; nor will it, I trust, be repudiated by my present hearers. For myself, at least, I confess I am not of the ascetic tribe of philosophers who denounce as sinful every thing in the shape of enjoyment, and who inculcate the notion that the only path to Heaven is thickly strewed with thorns and briers.—*London Lancet.*

Obituary.

Died, at Pittsfield, Mass., on the 16th inst., in the 36th year of his age, Moses A. Lee, M. D., Professor of Materia Medica and Pharmacy in the Berkshire Medical Institution.

We make this announcement with deep regret. Dr. Lee's fatal illness was greatly protracted, and attended by severe suffering, which was borne with Christian fortitude. Dr. L. was attended with the most fraternal solicitude, for a number of weeks before his death, by his brother, Dr. Charles A. Lee, of this city. Dr. Lee gave high promise of extensive usefulness. The course of lectures which he recently delivered at the respectable institution with which he was connected, established his character as a public teacher on a very elevated basis. As a physician, he was eminently judicious, kind, and attentive. He has passed from amongst us, leaving a name which will long be cherished in many a circle of devoted friends.

Valuable Donation.

At the distribution of prizes to the students of the Faculty of Medicine of University College, Lord Campbell announced to the meeting a donation by Lord Brougham of about one hundred works, which had been presented to his lordship by Mehemet Ali.

Chair of Surgery.--Edinburgh Town Council

The Council having resumed consideration of the vacancy in the Chair of Surgery, resolved to proceed to the election of a successor to Sir Charles Bell, on the 19th of July next, in the meantime remitted to the College Committee to advertise for candidates. The names of Dr. Lizars, Dr. Handyside, Dr. J. Robertson, and Dr. James Millar, were mentioned as candidates.

The Bavarian Schools of Medicine Suspended.

The Home Secretary of State in Bavaria has recently forwarded an ordinance to the three universities of that kingdom, enjoining them to close all the schools of medicine. The motives of this injunction are stated to be the facts that more medical men exist than can find occupation, and there are seven hundred applications to the ministry from young men who seek employment.

Salt Water Bathing.

Among the many blessings with which we New Yorkers are favored, the facilities for salt-water bathing are by no means to be lightly esteemed, though they are far from being as extensively appreciated as they deserve. Mr. Thomas has this year fitted up the 'Franklin Baths' at the Battery in a very magnificent style, and we have pleasure in commending his establishment to our readers.

Books, &c. Received.

Letters on Medical Education, addressed to the Members of the Provincial Legislature of Canada. By Archibald Hall, M. D., Lecturer on Materia Medica and Therapeutics, McGill College, Montreal.

Proceedings of the President and Fellows of the Connecticut Medical Society, in Convention, May, 1842.

To Correspondents.

We will be happy to receive the report of the case referred to in the letter of Dr. Sanders, of Storbridge, Mass.

If 'Omicron' gives us his name, and that of the physician whom he represents as guilty of such atrocious conduct, the information will be considered as strictly confidential, and we will expose the scoundrel.

WEEKLY REPORT OF INTERMENTS

In the City and County of New York, for the week ending June 18, 1842.

21 Men, 32 Women, 31 Boys, 32 Girls. Total, 116.

DISEASES.

Apoplexy	3	Intemperance	1
Asthma	0	Inflammation	1
Asphyxia	0	Of liver	0
Abscess	0	Of bladder	0
Aneurism	0	Of brain	6
Bleeding	0	Of stomach	1
Bleeding from stomach	0	Of chest	3
Bleeding from lungs	0	Of lungs	6
Burned or scalded	2	Of bowels	6
Casualties	0	Of heart	0
Cholera infantum	4	Of kidneys	0
Cholera morbus	2	Insanity	1
Cancer	2	Jaundice	0
Consumption	15	Killed or murdered	0
Convulsions	9	Lues Venera	0
Croup or hives	2	Mortification	0
Debility	0	Malformation	1
Delirium tremens	1	Marasmus	12
Diabetes	0	Measles	1
Diarrhœa	1	Old age	1
Death from poison	0	Organic disease of heart	3
Dropsy	1	Palsy	0
Dropsy in head	6	Rupture	0
Dropsy in the chest	1	Rheumatism	1
Drowned	2	Spinal disease	1
Dysentery	1	Suicide	0
Erysipelas	3	Sprue	1
Epilepsy	0	Small-pox	2
Fever	1	Scrofula	1
Scarlet	6	Teething	0
Typhoid	9	Tumor	0
Puerperal	0	Unknown	2
Remittent	1	Ulceration of throat	0
Bilious	1	Ulcers	0
Inflammatory	0	Varioloid	0
Intermittent	0	Whooping cough	2
Fracture	0	Worms	0

AGES.

Of 1 year and under, 33; between 1 and 2, 10: 2 and 5, 15; 5 and 10, 8; 10 and 20, 6; 20 and 30. 17; 30 and 40, 13; 40 and 50, 12; 50 and 60, 6; 60 and 70, 2; 70 and 80, 3; 80 and 90, 0; 90 and 100,1; 100 and upwards,0; unknown, 0.

William A. Walters, City Inspector.

City Inspector's Office, June 18, 1842.

Biological
& Medical
Serials